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massachusetts needs in mental health and the care of the retarded

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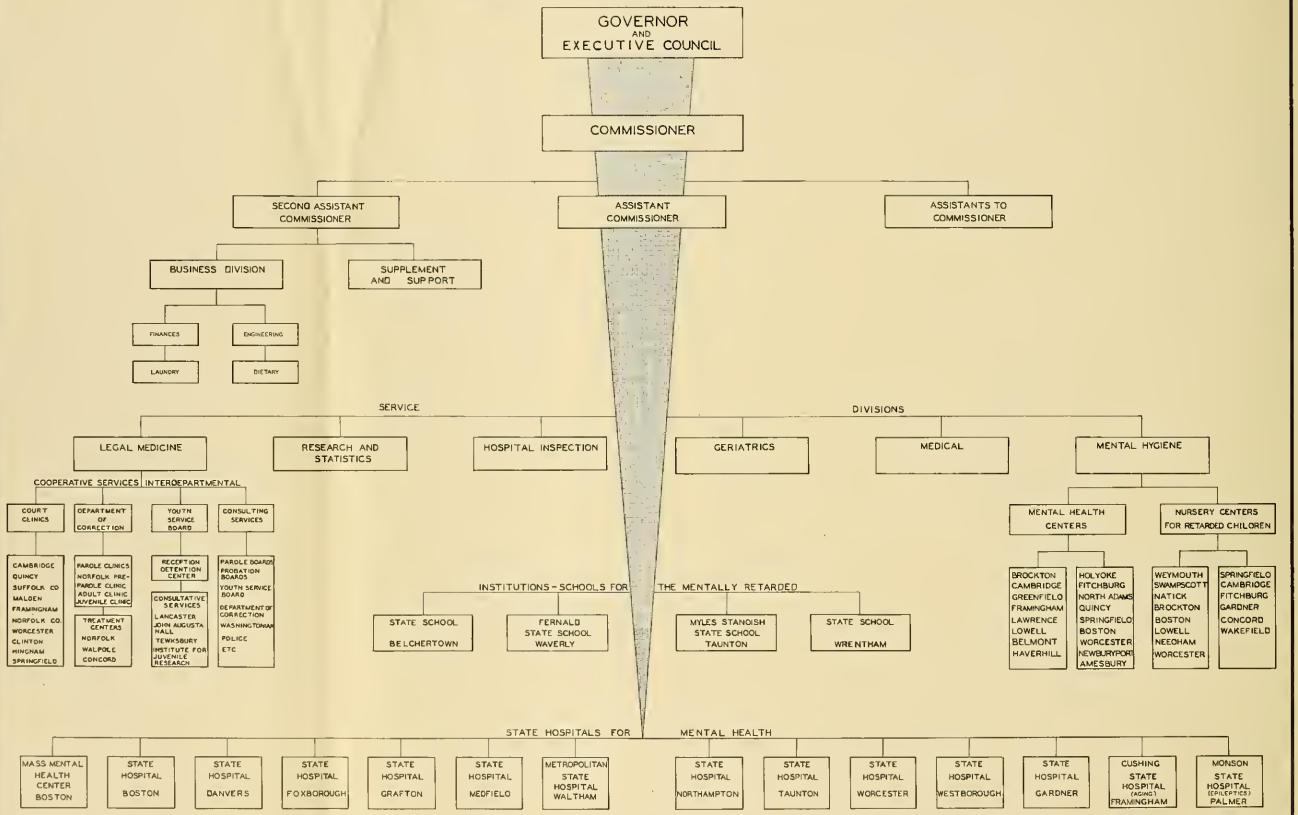
COMMONWEALTH OF MASSACHUSETTS

Special Commission

On

AUDIT OF STATE NEEDS

FUNCTIONAL ORGANIZATION CHART
MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH



FOSTER FURCOLO
Governor

The Commonwealth of Massachusetts

SPECIAL COMMISSION ON
AUDIT OF STATE NEEDS

367 Boylston Street
Boston 16, Massachusetts

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Massachusetts Needs In Mental Health and the Care of the Retarded

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Under Acts and Resolves of 1957
Chapter 38 As Amended

July, 1958

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The Commonwealth of Massachusetts

Letter of Transmittal

July 30, 1958

To the Honorable Senate and House of Representatives:

As part of his special message of January 14, 1957, His Excellency Governor Foster Furcolo asked the establishment of a Special Commission on Audit of State Needs, to make an over-all survey of the needs and problems of the Commonwealth, and to make recommendations as to priorities, being mindful of our objectives and our financial condition, and to suggest methods of achieving our goals.

Such a Special Commission was established under Chapter 38 of the Resolves of 1957. The Commission is made up of ten members, five having been appointed by the Governor, two by the President of the Senate and three by the Speaker of the House. The Commissioner of Administration is Chairman.

This report deals with needs of the Commonwealth in mental health and the care of the retarded. This problem had been assigned to the Commission under Chapter 38 of the Resolves of 1957. Subsequently, further problems in mental health and retardation were assigned to the Commission under Chapters 96 and 126 of the Resolves of 1957.

The Special Commission on Audit of State Needs was assisted in its work by members of its Advisory Committee on Mental Health and Care of the Retarded, including:

Dr. Jack R. Ewalt, Commissioner of Mental Health
Dr. James W. Dykens, Assistant Commissioner, Department of Mental Health
Dr. Thomas F. Pugh, Director, Division of Research and Statistics, Department of Mental Health
Dr. Leon N. Shapiro, Director, Division of Legal Medicine, Department of Mental Health
Harold W. Demone, Jr., Commissioner on Alcoholism
Dr. William Malamud, President-elect, American Psychiatric Association and former Chairman, Department of Psychiatry, Boston University School of Medicine
Dr. Jackson M. Thomas, Chairman, Department of Psychiatry, Tufts University, School of Medicine
C. Edward Holland, City Editor, *Boston Record-American*
Dr. Harry Freeman, President, Worcester Area Mental Health Association and Clinical Director, Worcester State Hospital
Mr. John J. O'Shea, President of Parents' League, Walter E. Fernald State School
Miss Mildred Kazeniac, President, Mental Health Association of Greater Lowell, Inc.
Mr. Raymond Morrow, President, Greater New Bedford Chapter for Retarded Children
Dr. Gerald McCarthy, Director, Catholic Youth Guidance Center, Boston
Dr. Richard V. McCann, Andover-Newton Theological School
Mrs. Pearl B. Hurwitz, Trustee of the Walter E. Fernald State School
Mr. Courtland L. Rawling, President, Berkshire County Association for Retarded Children

Dr. Malcolm J. Farrell, Superintendent, Walter E. Fernald State School

Reverend Bradford Gale, D.D., President of Mental Health Association of North Shore

Dr. Dean Clark, General Director, Massachusetts General Hospital

Miss Ruth Sleeper, Director of the School of Nursing and Nursing Service, Massachusetts General Hospital

Dr. Philip Cashman, Director, Division of Special Education, Department of Education

Others who have been very helpful in the work of the Commission include Dr. Warren Vaughan, Director of the Division of Mental Hygiene, Massachusetts Department of Mental Health, and his staff; Mr. Fred A. Moncewicz, former Comptroller, and his staff; Senator Leslie B. Cutler; and the staffs of the Massachusetts Association for Mental Health and the Massachusetts Association for Retarded Children.

None of the above, of course, is responsible for the report or its recommendations.

Respectfully submitted,

(Signed)

FRANCIS X. LANG
Chairman
SENATOR MARIO UMANA
REPRESENTATIVE STEPHEN T. CHMURA
REPRESENTATIVE ROBERT P. CRAMER
REPRESENTATIVE HAROLD L. DOWER
MRS. CARL SPECTOR
PROF. SEYMOUR E. HARRIS
J. WILLIAM BELANGER
ROBERT SULLIVAN

TABLE OF CONTENTS

Tables

Figures

Introduction

Since World War I and particularly World War II new, more functionally designed, and better-equipped hospital buildings have been dotted across the United States. Simultaneously, enlarged staffs of more competently prepared and diversified personnel have been introduced, together with better methods of administration. So pronounced has been the interest in and the success of this movement toward improved, well-distributed hospitals that vast numbers of lay persons and private organizations, as well as representatives of governments and of the health services, have labored to provide the resources needed.

But, strangely enough, more than half of the hospital world has not shared to anything like an equal degree in the phenomenal gains made. Those hospitals whose function it is to minister to the sick minds of nearly three-quarters of a million patients rather than to sick bodies continue to struggle with buildings of which some are firetraps and almost all are much overcrowded. More significantly, they struggle with inadequacies in number and preparation of staff so marked that almost no general hospital would consider operation possible under the circumstances.

. . . So far as the public is concerned, treatment centers for the mentally ill have remained largely outside the great upsurge of nationwide interest in providing for the institutional care of illness.[1]

1. The Dimensions of the Problem

Care of the mentally ill and the retarded is one of the major responsibilities of the Commonwealth of Massachusetts. The annual appropriation of the Department of Mental Health is the largest departmental appropriation in the state budget, over $56 million in 1958, and its staff of approximately 11,000 includes over one-third of all state employees.

The Commonwealth and the local governments together devote an additional $3 million annually to the education and training of the retarded.

However, Massachusetts, which ranks eighth among the states in per capita income, ranks only twentieth in per capita expenditure on mental health.[2] In the fiscal year ending June 30, 1957, the Commonwealth spent only $4.22 per day per person on the care of the 31,000 persons in state hospitals and schools for the retarded, and has never provided even the minimum facilities, personnel, or services recommended repeatedly by the American Psychiatric Association as well as by the Department of Mental Health, by legislative commissions, and by private citizens.[3]

Programs to help the mentally ill and the retarded cannot and should not be measured in dollars and cents alone. The purpose of the Department of Mental

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[1] Esther Lucile Brown in Milton Greenblatt, and others, in *From Custodial to Therapeutic Patient Care in Mental Hospitals* (New York, 1955), pp. 1 and 2.

[2] Commissioner Jack R. Ewalt, M.D., "Massachusetts Department of Mental Health: A Statement of Conditions" (January 15, 1958), p. 12. (Mimeographed.)

[3] The $4.22 cost per patient per day figure should be compared, for example, with the average $10.08 cost per day in 1956 in the Veterans' Administration Hospitals caring for mentally ill patients and the $13.90 cost per day in proprietary mental hospitals in 1955. See National Committee Against Mental Illness, Inc., *What Are the Facts About Mental Illness in the United States?* (Washington, [D.C.,] 1957), p. 26. The cost per patient in the Veterans' Administration Hospital at Brockton is $14.50 per day. Commonwealth of Massachusetts, *Report Submitted by the Legislative Research Council Relative to Incentive Payments for State Mental Patients,* House of Representatives No. 2819 of 1958, December 16, 1957, p. 9. Costs in general hospitals are much higher.

Health is to provide the best possible care and treatment for the mentally ill and retarded. The purpose of the Division of Special Education, in the Department of Education, is to supervise the education of retarded children and to give these children the training to enable them to become happy and useful citizens.

At present, over half of all the hospital beds in the United States are occupied by mental patients. The average length of stay in a state mental hospital is eight years.[4] Anything which can be done to reduce the length of hospitalization will also result in savings to the taxpayer. The total cost of mental illness in the United States has been estimated at over $4 billion a year, including the loss in earnings of the patients.[5]

Mental illness is essentially a public responsibility. In Massachusetts in 1955 only 2.2 per cent of the hospitalized mentally ill were in private hospitals. The remaining 97.8 per cent were in tax-supported institutions.[6] Of these patients, 85.1 per cent were in state hospitals, and 12.7 per cent in Veterans' Administration hospitals.

At any given time there are at least 31,000 patients in the Massachusetts mental hospitals and schools for the retarded. However, this gives an inadequate picture of the total number who receive treatment, because some patients stay only a short time. In 1957, over 40,000 persons were cared for in state institutions, and 14,000 children and adults received treatment in the outpatient programs of the Department.[7]

In 1954, the total number of patients in Massachusetts state mental hospitals decreased, despite a high and rising number of admissions.[8] For the first time in Massachusetts history, this trend has continued in each subsequent year. More intensive use of personnel, new kinds of treatment based on the use of tranquilizing drugs, and the increased availability of Veterans' Administration facilities made this reduction possible. (See Tables 1, 2 and 5 to 9.) In 1956, mental health officials of 41 states reported that the new drugs, combined with increased numbers of personnel, were making possible a decrease in the total number of patients in mental institutions all over the nation, and also greatly facilitated the outpatient care of patients.

The use of tranquilizing drugs has resulted in almost revolutionary changes since 1954. They make it possible for many of the less seriously ill to be cared for outside the hospitals, and have also made it possible for the staff of a mental institution to give more concentrated attention to the more serious cases. It should be emphasized that the use of drugs makes it necessary for still more personnel to be employed in the intensive treatment of patients. Drugs have also proved helpful in the care of the retarded.[9]

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[4] National Committee Against Mental Illness, Inc., *What Are the Facts . . .*, pp. 2 and 13.

[5] *Ibid.*, p. 12.

[6] Data for 1955, furnished by the Division of Research and Statistics of the Massachusettts Department of Mental Health.

[7] Data furnished by the Division of Research and Statistics of the Massachusetts Department of Mental Health.

[8] Massachusetts Department of Mental Health, "Annual Report, 1956" (Boston, 1956). There was a one-year-decline in 1943 (See Table 1), but since 1954 there has been a continuing decline.

[9] National Committee Against Mental Illness, Inc., *What Are the Facts . . .*, pp. 19-23. The Commissioner of Mental Hygiene in New York, for example, reported a 23 per cent increase in discharges between 1955 and 1956, which he attributed in great part to tranquilizing drugs. The Oklahoma Mental Health Director stated that he believed that the drugs "hold the same position in psychiatry as the sulfa drugs held in medicine and surgery in the 1930's." He predicted that they would make possible the treatment of far more patients in general hospitals, in community clinics and offices of physicians and psychiatrists. Other state officials stressed that the drugs had made possible the effective treatment and release of patients who had been in the hospitals as long as 20 years. It should be empha-

However, Massachusetts mental institutions are still crowded beyond rated capacity, and factors beyond the Commonwealth's control mean that the total number of those needing care will remain high in the future.

One such factor is age. Forty-four per cent of all patients in the state mental institutions are 60 years of age and older, and 34 per cent are 65 years of age and older. Nationally, while the population 65 years of age and over has tripled in 50 years, the number of patients 65 years of age and older in the state mental institutions has increased nine times.[10] A separate study on the problems of the aging being made by the Special Commission on Audit of State Needs, has indicated that Massachusetts ranks fourth in the nation in the percentage of people 60 years of age and older, and that the Commonwealth has the third highest median age of any state.

About 500,000 people, or ten per cent of the state's population, are 65 years of age and older, and the number of people now in the 50 to 64 age group is also proportionately large, compared with the nation as a whole. These statistics mean that under present conditions, a large number of aged patients will continue to need care either in the mental hospitals or in such special facilities for the aging as Cushing Hospital and Walnut Lodge at Foxborough State Hospital. The present trend is toward providing care for more aged patients in specially designed facilities where possible.

Another factor is the relation of our high postwar birth rate to the number of retarded children. It has been estimated by the National Association for Retarded Children that as many as three of every 100 babies born in the United States may be mentally retarded to some degree, and institutional care is necessary for a number of such children.[11] There are now 7,100 to 7,900 children and adults receiving inpatient care in the state schools for the retarded. Bed occupancy varies with the time of the year. Over 8,900 additional children are enrolled in special classes for the retarded within the public school system. The total number of children requiring such care will increase, for during each of the past six years over 100,000 babies have been born in Massachusetts, and this high rate of birth is expected to continue. (See Figure 1 and Table 10.)

The growth of our total population, and the increasing numbers and proportions of both the very young and the aged, mean that under present conditions additional facilities and personnel must be provided for the Department of Mental Health, and that greater financial support must be given to those programs which are most likely to lead to a further reduction in the total number of patients.

In this report, special emphasis is given to preventive mental health programs which can deal with mental illness in its early stages, to intensive treatment, and to research. It is especially important to expand the work of the Division of Mental Hygiene, which now receives only about two per cent of the funds appropriated for mental health services. This Division is concerned with the vitally important work of providing clinical care for mentally disturbed children, and educating the parent, the teacher, and the entire community to recognize and to deal with the problems of mental illness.

Long-term institutionalization of the mentally ill is not only a great personal tragedy, but far more costly to the state than preventive programs and outpatient care. Intensive treatment of those already in the institutions can greatly facilitate their return to the community, and also result in savings.

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sized that the use of these drugs is still in an early and experimental stage, and it is not yet certain how effective they will prove to be in the long-run care of patients.

[10] Council of State Governments, *The Book of the States 1956-57* (Chicago, 1956), p. 307.

[11] National Committee Against Mental Illness, Inc., *What Are the Facts . . .*, p. 2.

This report also places a high priority on more adequate support of state research programs in mental health, perhaps in cooperation with other states. State-supported research will also make it possible for the Commonwealth to obtain more funds for research from federal and private sources. Research is absolutely essential in developing better methods to treat the mentally ill. Research in mental illness and mental retardation now receives far less financial support than that given to research in such physical diseases as poliomyelitis, cancer, and heart diseases, although mental patients occupy half the beds in our hospitals.

Adequate financial support for the Department of Mental Health will require extensive additional expenditures by the Commonwealth. The Department of Mental Health, which received an appropriation of $56.2 million for the fiscal year ending June 30, 1958, has received $58.7 million for the fiscal year 1959 in the regular budget, and is requesting additional funds in the supplementary budget. A five-year capital improvement program for the Department totaling $48.5 million has been recommended by the Superintendent of Building Construction, after analysis of the Department's requests.[12]

To meet its ever-increasing responsibilities, the Department estimates it will need considerably more than $70 million a year in the very near future. Funds for the education and training of retarded children will also have to be increased substantially beyond the present combined state and local total of $3 million annually, in order to provide for the growing numbers of children in need of care.

2. The Massachusetts Department of Mental Health[13]

Historically, the Commonwealth of Massachusetts has been a leader in the care and treatment of the mentally ill. The first attempts in America to improve the care of the mentally ill date from the memorial of the reformer, Dorothea Lynde Dix, to the Massachusetts General Court in 1843. Describing her visit to the East Cambridge jail, where mentally ill persons were then imprisoned, she said:

> I come to present the strong claims of suffering humanity. . . . I come as the advocate of helpless, forgotten, insane, and idiotic men and women . . . of beings wretched in our prisons, and more wretched in our almhouses. I proceed, Gentlemen, briefly to call your attention to the state of Insane Persons confined in this Commonwealth, in cages, closets, cellars, stalls, pens: chained, naked, beaten with rods, and lashed into obedience.[14]

Her influence was felt not only in Massachusetts but throughout the country, and she was instrumental in the founding or enlarging of hospitals in 30 states and the District of Columbia.

As early as 1848, an experimental school for retarded children was established in the Commonwealth; it is now the Walter E. Fernald State School. In 1882, McLean Hospital, the psychiatric division of the Massachusetts General Hospital, established the first training program in the country for psychiatric nurses.

An outpatient clinic for emotionally disturbed persons was established at the Boston Dispensary in 1897, and in 1910 an outpatient clinic was established at the Northampton State Hospital. In 1914, the Massachusetts State Board of

[12] The expenditures of the Department of Mental Health are described more fully in Appendix E of this report, and the recommended capital outlay program is presented in Appendix F.

[13] The work of the Department of Education and the local communities in the education of the retarded is discussed in Chapter III.

[14] Quoted in Council of State Governments, *The Mental Health Programs of the Forty-Eight States* (Chicago, 1950), p. 25.

Insanity recommended that each state hospital serve as a mental health center for its district by establishing outpatient departments and clinics in surrounding communities. The Massachusetts Mental Health Center represents one step toward attainment of this goal. The development of all mental hospitals as mental health centers remains an ultimate goal of the Department of Mental Health.

The Judge Baker Guidance Center, which is a model for child guidance clinics throughout the country, was established in 1917. The Division of Mental Hygiene was established in 1922 under the Department to provide community child guidance services. The first center for training ministers and theological students in the problems of mental health was opened at the Worcester State Hospital in 1925. In 1953, the Commonwealth became the third state to open a building for disturbed children at a state mental hospital, the Children's Unit at Metropolitan State Hospital.

Today the responsibilities of the Department of Mental Health are constantly growing.[15] The Department operates 12 state hospitals for the mentally ill, including the Massachusetts Mental Health Center (formerly the Boston Psychopathic Hospital), four state hospital schools for the retarded, and the Monson State Hospital for patients with convulsive disorders. The physical plant of these institutions consists of 304 separate hospital buildings and 836 auxiliary buildings. The Department has responsibility for the commitment and release of mentally ill criminals at the Massachusetts Correctional Institution at Bridgewater.[16] It is also responsible for the licensing of Veterans' Administration Hospitals caring for the mentally ill, and private institutions and schools for the care of the mentally ill and the retarded.

The Division of Mental Hygiene of the Department of Mental Health provides the professional staffs for 15 area mental health centers. The operation of these centers, except for the salaries of the professional staff, is financed by local mental health organizations throughout the Commonwealth. At present, they cover only about 52 per cent of the population of the state, and there is an especially great need for more centers in the Boston area. The centers place emphasis on providing psychiatric services to children with emotional problems and to members of their families. If more funds and personnel were available, the services could be expanded to treat other adults as well.

Outpatient services for adults are also offered at the Massachusetts Mental Health Center and at some other state hospitals, but facilities and personnel are not adequate to care for all who need treatment. In some cases, persons must wait a year or more to be treated.

Under a new program begun in 1957, the Department is opening 16 nursery centers for pre-school-age retarded children. These centers provide special education for children not yet old enough to receive this service from the Department of Education, and relieve their parents of some of the burden of their care.

The Department of Mental Health, through its Division of Geriatrics, has undertaken research and new programs for the care of elderly patients. In 1955 the Department opened Walnut Lodge at Foxborough State Hospital, as a pilot study in methods of care of elderly persons who are unable to care for themselves but who do not necessarily belong in mental hospitals. The unit now accommo-

[15] The Organization Chart of the Department of Mental Health gives some idea of the present scope of the Department's activities.

[16] In a special message to the General Court, the Governor has recommended that the administration of the State Hospital for the Criminally Insane be transferred from the Department of Correction to the Department of Mental Health, and that funds be provided for plans and site acquisition for a new hospital for the criminally insane. See House of Representatives No. 3221 of 1958, August 18, 1958.

dates 85 women. In October 1957, Cushing Hospital was opened. By the end of 1958 Cushing Hospital will care for 700 aged persons, and when utilized to capacity, it will provide for 2,000. Later, similar institutions will be needed in other parts of the state.

Walnut Lodge and Cushing Hospital represent only one possible means of providing the type of attention needed by the aged. Local provision of other types of hospitals, nursing homes, better housing and medical care for the elderly represent alternatives which can be expected to do much in reducing the unnecessarily high admission rate of this group to mental hospitals.

The Division of Legal Medicine, one of the most rapidly expanding divisions of the Department, furnishes psychiatric services to the courts, the Department of Correction, the Youth Service Board and other state agencies which deal with such major social problems as crime, juvenile delinquency, sex crime, drug addiction and alcoholism.

The former tremendous overcrowding in the state hospitals has been substantially reduced. In the last six years, 5,716 hospital beds have been added. In 1951, there were 5,894 more patients in the state hospitals than their rated capacity. Today, higher discharge rates and new hospital construction have made possible a reduction in the overcrowding of patients from 24 per cent over rated capacity to eight per cent over rated capacity.

At present, several institutions are running approximately at their rated capacity. However, Boston, Danvers, Medfield and Northampton State Hospitals continue to be seriously overcrowded. It is the policy of the Department, however, that all persons needing hospital care be provided for, even at the expense of overcrowding. There is no waiting list for admission to any of the mental hospitals except the Massachusetts Mental Health Center, and those who apply there may go to another hospital if they do not wish to wait.

In 1951 there were approximately 2,000 children on the waiting list for the schools for the retarded. The waiting list has now been reduced to about 1,185, but delay is still a serious problem for many retarded persons and their families.

Massachusetts can be proud of its progress in mental health and the care of the retarded. However, the need for additional facilities, personnel and programs remains.

Summary of Findings and Recommendations

Chapter I: Personnel: The Key to Effective Treatment

The key to effective treatment of the mentally ill is a sufficient number of trained personnel. Recent statistics have shown that as the number of employees of the Massachusetts Department of Mental Health has increased, the number of patients discharged has also increased, despite a rise in the total number of admissions.

At present, there are about 11,000 employees in the Massachusetts Department of Mental Health. In 1954, the American Psychiatric Association surveyed the facilities of the Department. The Association stated that minimum standards for professional care of the mentally ill and retarded would not be achieved in the Commonwealth until the Department, which was then served by 9,960 employees, had a total staff of at least 15,000. The Department believes that the provision of first-class care of paitents would now require at least 30,000 personnel, or a ratio of one employee per inpatient. However, the immediate plans of the Department call for a total of 20,000 personnel.

Thus, the Commonwealth would need at least 4,000 additional personnel at all levels in the Department of Mental Health in order to come up to now considerably outdated minimum standards, and 9,000 in order to come up to the present minimum estimates of the Department.

In 1956, in the hospitals for the mentally ill, the number of patients per full-time employee was 3.1. Of the 10,000 employees of the Department at that time, only about 6,500 were engaged in direct patient care in the hospitals and schools. Of these, 6,000 filled positions which require round-the-clock coverage. Calculating on the basis of a work year with allowances for vacations and sick leave, only one in every 4.7 persons, or a total of about 1,300 employees, were on duty in these positions at any one time to care for 31,000 patients.

In the past, hospitals for the mentally ill tended to give passive *care* to their patients, rather than active *treatment*. Today, the emphasis is on intensive professional treatment, which has been found to increase greatly the discharge rate, and even to aid the "back ward" patients who have been institutionalized for many years. However, intensive treatment and the use of tranquilizing drugs require larger staffs. An outstanding example of a unit needing more personnel is the Children's Unit at the Metropolitan State Hospital, where emotionally disturbed children are treated.

Present salaries paid by the Commonwealth are not adequate to attract professional personnel. There is a nation-wide shortage of medical personnel of all kinds, and the Commonwealth must be in an effective competitive position to obtain its fair proportion of such professional personnel. However, Massachusetts lags behind neighboring states and the Veterans' Administration in salaries paid professional personnel in almost all categories, despite recent pay increases. The presence of three outstanding medical schools partially offsets this disadvantage in the Boston metropolitan area, but not in other areas of the state.

Volunteer services are a vital part of any program for mental health and the care of the retarded. Massachusetts has been especially fortunate in developing effective volunteer programs because of the devoted work of such groups as the Massachusetts Association for Mental Health, the Massachusetts Association for Retarded Children, and the local affiliates of these groups, as well as other volunteer groups associated with many state hospitals and schools.

Recommendations

1. The Department of Mental Health should be provided with the funds necessary to employ the additional personnel needed at all levels to provide more adequate treatment for the mentally ill and retarded.

2. Salary scales of employees should be raised as rapidly as possible in order to enable the Department to compete effectively with other states and with the federal government for professional personnel.

Chapter II: Hospital Facilities and Services

The Department of Mental Health operates the following hospitals: 11 state hospitals for the mentally ill, located at Boston, Danvers, Foxborough, Gardner, Grafton, Medfield, Waltham (the Metropolitan State Hospital), Northampton, Taunton, Westborough, and Worcester; the Massachusetts Mental Health Center in Boston (formerly the Boston Psychopathic Hospital); Monson State Hospital for patients with convulsive disorders; and Cushing Hospital for the aged in Framingham. The Department also operates four state schools for the retarded, which are hospitals as well: the Walter E. Fernald School at Waverly, the Myles Standish School at Taunton, the State School at Belchertown, and the State School at Wrentham.

These hospitals and schools, together with the other facilities of the Department, consist of 304 hospital buildings and 836 auxiliary buildings. Many of the buildings are 75 to 100 years old, and in constant need of renovation.

Between June, 1951, and December, 1957, new construction added 5,716 hospital beds to the Department's facilities. Overcrowding has been reduced from 24 per cent over rated capacity to about eight per cent over capacity, as a result of this new construction and higher discharge rates. Nevertheless, an additional 2,000 hospital beds, as well as the expansion of other facilities, would be necessary to eliminate the present overcrowding.

In addition, the Department estimates that if trends in the growth of the general population were to continue, the population in the state mental institutions would rise from the present 21,500 to at least 22,860 in 1960, and to 27,700 in 1970, despite the currently favorable discharge rates.

At present, there are about 7,100 patients in the four state institutions for the care of the retarded and this number will also continue to rise. It is estimated unofficially by the Division of Research and Statistics that given the current birth rate and incidence of mental retardation, by 1960 the Commonwealth will need 500 more beds for these patients in addition to the building program now under way, and by 1970 an additional 700 beds will be required. Thus, the Commonwealth needs 2,000 additional state hospital beds to eliminate present overcrowding and 1,200 more beds to meet future needs at the state schools.

The Commissioner of Mental Health believes that in time a new facility should be established in the Greater Boston area, which would serve as an Acute Psychiatric Treatment Center as well as a center for teaching and research. The Commissioner has also recommended that further study and consideration be given to the proposal for building a hospital for veterans with non-service-connected mental illness.

Some people who need intensive psychiatric treatment are able to live at home for at least part of the day but cannot work or assume the responsibility of running a home. Conversely, some patients are ready for the responsibility of a job, but are unable to adjust to an unfavorable home situation. To facilitate their recovery, and at the same time reduce substantially the cost of maintenance

and care of such patients, the Day Hospital and Night Hospital have been introduced.

The Massachusetts Mental Health Center maintains a Day Hospital, and Metropolitan State Hospital provides such facilities for disturbed children. At the Day Hospitals, the patients enter the unit for treatment during the day and return to their homes at night. Other institutions throughout the state are also planning to establish Day Hospitals .

Hospitals for the mentally ill in urban areas have found the Night Hospital plan very effective. At the Night Hospital, the patients go to their jobs during the day and return to the hospital for care and treatment at night. Five state hospitals have already established Night Hospitals, and at least two more are planning to do so when funds become available. Day Hospitals and Night Hospitals require some changes in hospital procedure, but the results have been found to be well worth the effort.

Until recently, patients with diagnosed mental illness have not been treated in general medical and surgical hospitals, but this practice is now being widely encouraged. Several Massachusetts hospitals now have psychiatric wards. There is a shortage of psychiatric beds throughout the nation. One way of avoiding or reducing capital costs to the state for building new hospitals for the care of psychiatric patients is to make arrangements with existing hospitals in the community for acceptance of psychiatric patients, with the state paying part or all of the cost of hospitalization. Moreover, experience with the operation of psychiatric units in general hospitals has shown that there are definite benefits to the individual patient from this type of care.

Many general hospitals in Massachusetts are raising funds for new or expanded facilities, and would be much more apt to include in their plans facilities for the care of psychiatric patients, if the Commonwealth were to develop a program of reimbursement for the care of these patients.

The responsibility of the Commonwealth does not end with the discharge of the patient from the state hospital. In 1957, about 40 per cent of the 14,850 persons who were seen in the various outpatient services operated by the Department previously had been treated in the state hospitals. Adequate follow-up services are an essential part of a mental health program, since they assist the former patient to readjust to the community and make it less likely that he will have to be hospitalized again later.

To assist patients in readjustment to life in the community, the Massachusetts Rehabilitation Commission and the Division of Employment Security work with the state hospitals to provide job counseling and training for patients about to be released.

Outpatient centers also are provided at some hospitals for adults other than former patients. There are very long waiting lists at such centers, however, and additional personnel are badly needed.

Recommendations

1. The Commonwealth should employ additional trained personnel, and more adequately support intensive treatment programs, in order to relieve the present overcrowding of our state institutions and to provide for the additional patients who must be treated in coming years.

2. The Commonwealth should give serious consideration to the proposal of the Commissioner of Mental Health that a new hospital, similar to the Massachusetts Mental Health Center, be constructed in the Boston area.

3. Programs for Day Hospitals and Night Hospitals should be developed as

rapidly and extensively as possible, because of their obvious economic and humanitarian advantages to a responsible and enlightened community.

4. The Governor should appoint a special commission to develop a plan for reimbursement of general medical and surgical hospitals for the care of psychiatric patients. This Commission should include representatives of the Department of Mental Health, the Division of Hospital Costs and Finances and other interested state agencies; representatives of public, non-profit and proprietary general medical and surgical hospitals, and others.

5. The follow-up programs of the Department of Mental Health should be expanded in order to help more patients to make a satisfactory readjustment to the community.

Chapter III: Care and Education of the Retarded

The care of the mentally retarded is an important responsibility of the Department of Mental Health. The Department operates four schools for the retarded: the Walter E. Fernald School at Waverly, the Myles Standish School at Taunton, and schools at Belchertown and Wrentham. In all, these institutions care for from 7,100 to 7,900 children and adults. Bed occupancy varies with the time of year.

Only a small percentage of the mentally retarded in Massachusetts are in the state hospital-schools. The children and adults now in the state schools are very seriously retarded mentally and in many cases have severe physical defects as well. Since 1935 the percentage of patients in the state schools with low scores on intelligence tests has increased substantially. In addition, there has been a substantial increase in the number of older persons in the school population. There also has been a change in the age of admissions. During 1955 the proportion of admissions under five years of age was 30.8 per cent, which was more than twice the proportion in 1935.

The National Association for Retarded Children estimates that about three per cent of all children have intelligence scores of less than 73, and a fraction of this group requires institutional care. More than 100,000 babies are born in the Commonwealth each year, and approximately the same percentage of them may be expected to be retarded to some degree.

The Division of Research and Statistics of the Department of Mental Health estimates that, with the current number of births and incidence of mental retardation and the present waiting list for admission, the Commonwealth will need at least 500 more beds at the state schools by 1960 and an additional 700 by 1970. Almost all the schools need extensive repairs and some additions. The Department also estimates that 401 additional personnel are required at the state schools.

One way to care for some of the less severely retarded is through the establishment of "colonies" for those retarded who are able to care for themselves to some extent and to perform simple kinds of labor. However, a great many retarded persons are too handicapped to be able to participate in this type of program.

Two new projects to aid retarded children have been initiated recently. At the state schools a program is being developed for day occupational training for retarded children not resident at the schools. The Division of Mental Hygiene has begun a program of pre-school community centers, or day nurseries, for retarded children. As of July 1, 1958, there were 14 centers in operation.

In its plans for expansion of the state schools the Department gives special attention to the need for additional nurseries for infants, and to the possibility

of constructing cottage-type "halfway houses," where retarded children may grow more accustomed to the kind of living conditions they will face in the community.

Some research is being conducted within the Commonwealth on mental retardation, using federal and private funds. The state should also support research on this difficult and tragic problem.

The Division of Special Education of the Department of Education was established by Chapter 514 of the Acts of 1954. The Division establishes and supervises special classes for students with Intelligence Quotients of 79 or lower. In the fiscal year ending June 30, 1957, over 8,900 children in 152 communities participated in this program.

According to the law, a special class must be established in the city or town if there are as many as five children who have Intelligence Quotients of 79 or lower. The state pays one half of the cost of operating the special class plus $500 of the special class teacher's salary. Fitchburg State Teachers College has had a training program for special class teachers since 1953-54.

In the calendar year 1957, the Division of Special Education reimbursed communities for expenditures of nearly $2 million. The annual cost to the state for reimbursement for a child in a special class has been estimated to be $175.80. The annual cost of institutional care for a mentally retarded child would be approximately $1,250.

The Division of Special Education now has a staff of six working with the mentally retarded. The Director of the Division has requested more personnel and more funds for travel expenses. Additional programs could then be instituted, such as one to improve guidance, placement and follow-up programs for the employment of the retarded, or a day class program of vocational training for the retarded over age 16 who do not live near state schools.

The Special Commission Established to Make an Investigation and Study Relative to Training Facilities Available for Retarded Children, established in October, 1952, has done much of the basic research and planning which has led to more adequate programs for the retarded in Massachusetts. In its January 1958 report, the Commission recommended raising the salary and grade of the Director of the Division of Special Education, and establishing recreation programs for retarded children in cities and towns of the Commonwealth. The Commission is also especially concerned with the problem of the "defective delinquent," the retarded child who is also a juvenile delinquent and in some cases is mentally disturbed as well.

Recommendations

1. Facilities and personnel for the care of the mentally retarded in state schools and day centers must be increased, as needed.

2. The day occupational training programs at the state schools should be expanded.

3. The Department of Mental Health should consider the further development of colonies like the Templeton Colony and cottage-type "halfway houses."

4. Research in the field of mental retardation should be continued and encouraged by the Commonwealth, preferably in relation to the new Psychiatric Research Institute discussed in Chapter IX of this report.

5. The Division of Special Education in the Department of Education should be granted any additional funds necessary to develop a more extensive program of research, guidance, and placement, and to provide more adequate travel

allowances for members of the Division. Consideration should be given to raising the grade and salary of the Director of the Division.

6. Consideration should also be given to the proposals for the establishment of vocational training programs for retarded children over 16 years of age, and for the development of recreation programs for retarded children by cities and towns with state aid.

Chapter IV: The Division of Mental Hygiene: Preventive Care and the Community Mental Health Program

One of the most rapidly expanding and important programs of the Department of Mental Health is that of the Division of Mental Hygiene, which has responsibility for community mental health education and the outpatient treatment of children with emotional problems.

At present, the Division provides the professional staff for 15 area mental health centers throughout the Commonwealth. Other locations are being considered for centers, including Fall River, New Bedford, and Taunton. Only about 52 per cent of the population of the state is served by the centers. To meet generally accepted standards, ultimately at least 50 centers should be established, of which 23 to 25 should be located in the Greater Boston area.

The area mental health center works with the local mental health association to promote mental health and the early treatment of emotional disturbances in children through a threefold program of clinical services, mental health consultation, and mental health education.

The work of the Division has received relatively limited financial support. Less than two per cent of the 1957 budget of the Department of Mental Health was appropriated for this program. Because of the limited funds and staff available, the Division has given its primary attention to mental health consultation services and to the provision of diagnostic and treatment services for children with emotional problems, and for members of their families.

The community must take the initiative in the development of a local mental health program. The local mental health association is responsible for providing funds for the physical quarters of the center, clerical help and operating expenses, and for the administration of the community mental health education program. The Division of Mental Hygiene supplies and pays a clinic team which consists of a child psychiatrist (who is also the director of the center), a clinical psychologist, a psychiatric social worker, and a mental health consultant. By direct supervision of the professional personnel, the Division maintains the professional standards of the center.

The clinical study and treatment of children with emotional difficulties, and casework services to their families, represent the special contribution of the mental health center to the health and medical resources of the community. The clinical services of the area mental health center are available to pre-school and school-age children and their families.

Mental health consultation services are an important part of the community mental health program. The mental health consultant at the area mental health center counsels persons in the community who work with children. Much of the work of the mental health consultant takes place within the school system.

Each local mental health association is responsible for the promotion in its area of a mental health education program. The members of the professional staff of the mental health center cooperate with the association in the development of such a program.

The Division of Mental Hygiene, through its Mental Health Education Section, assists the local mental health associations and the mental health center staffs in their educational programs. It makes available to these local associations films on mental health, pamphlets, and materials for local newspapers.

In addition to its responsibility for the development of community mental health programs in Massachusetts, the Division trains its own psychiatric personnel in community mental health practices and techniques. The Division is also responsible for the administration and supervision of special programs, such as the inpatient program of the Children's Unit at Metropolitan State Hospital, the Day Hospital program there and the nursery program for preschool retarded children. The Division is engaged in several research projects, including the development of screening and case-finding techniques, methods of evaluation and the development of a new statistical record-keeping method.

In order to carry out its responsibilities, the Division of Mental Hygiene needs additional funds to establish area mental health centers in additional communities, to improve the salaries of its professional personnel in order to attract and keep people with the best qualifications, and to undertake more extensive research projects.

Recommendations

1. Funds for the Division of Mental Hygiene should be increased, so that the Division can carry on more effectively its clinical services, consultation, mental health education, and research.

2. When it is practicable, additional outpatient services should be provided not only for disturbed children and their families, but for other adults as well.

Chapter V: Facilities and Programs for the Aged

State facilities and services for the aged are considered only briefly in this report, because the Special Commission on Audit of State Needs is preparing a separate study on the needs of this group.

In the past 50 years the population in the United States age 65 and over has tripled. In the country's mental institutions, the population 65 years of age and over has increased nine times. Forty-four per cent of all patients in the state mental hospitals are 60 years of age or older, and 34 per cent are 65 years of age and over. About half of the patients over 60 years of age suffer from chronic mental disease and have grown old in the institutions. The rest are more truly "geriatric" patients, having been admitted to the hospital late in life.

Massachusetts has a proportionately large number and percentage of older people, in comparison with the nation as a whole. For example, Massachusetts now ranks fourth among the states in the percentage of people age 60 and older, and second in the percentage of people 50 years of age and over. The Commonwealth also has the third highest median age. About 500,000 people, or over ten per cent of the entire Massachusetts population, are 65 years of age or older; by 1970, this figure is expected to increase to 600,000.

Massachusetts has pioneered in providing separate facilities for elderly persons who are infirm or senile but not mentally ill. In 1955, Walnut Lodge was opened at the Foxborough State Hospital to care for such aged persons. It now provides for about 85 women. In 1957 Cushing Hospital in Framingham was opened. By the end of 1958, this institution will care for 700 patients. Ultimately, with 2,000 patients, Cushing will be the largest hospital, other than a mental hospital, in the state. The Commissioner of Mental Health estimates that within two or three years Cushing Hospital will be filled and additional facilities for these patients will be needed.

In the state hospitals there has been an increase in planning for the aged mentally ill patient. Under the guidance of the Division of Geriatrics several of the hospitals have established seminars, research programs, and newer treatment plans for the geriatric patients. However, there is a need for more professional personnel for these programs.

Recommendation

The Department of Mental Health should continue to develop more effective programs for the care of the aged. Present facilities should be expanded to provide for a total of 2,000 patients at Cushing Hospital, and new facilities established in other parts of the state when required. To provide better care and treatment of geriatric patients within the state hospitals, increased numbers of physicians, social workers and psychologists, as well as ward personnel, will be needed.

Chapter VI: The Division of Legal Medicine: The Psychiatric Approach to Crime, Juvenile Delinquency, and Sexual Offenses

Psychiatry, except for its role in determining legal sanity, has only recently been asked to consider reasons for criminal behavior. Although relatively little attention has been given by psychiatrists to the causes and prevention of crime, research in this field may lead to great savings to society.

The annual cost to the Commonwealth of crime, law enforcement, and correction programs is staggering.

Studies on the need for psychiatric services to the courts and correctional facilities, made by the Department of Mental Health in cooperation with the Boston Bar Association and the Suffolk District Medical Society, led to the establishment of the Division of Legal Medicine in the Department in 1954. The major responsibility of the Division is the provision of psychiatric services to the institutions of the Department of Correction, the district courts, and the Youth Service Board. The Division is also required to provide treatment for sex offenders.

Within the past three and one half years, court clinics have been established at ten district courts. The Division maintains a clinic team at the reception-detention center at the Youth Service Board, and is affiliated with the Washingtonian Hospital in Boston for the treatment of alcoholic offenders. In addition, the Division is conducting some promising research, and other research is being planned. The Commissioner of Mental Health believes that the Commonwealth should give greater support to such research, by establishing as a part of the proposed Psychiatric Research Institute, a Crime Research Laboratory or Division of Crime Research. The Laboratory would study methods of treatment of criminals of all kinds, especially sex offenders, arsonists, and murderers.

One of the most difficult problems facing the Division of Legal Medicine is that of the sexual offender, or sexual criminal. No state has yet developed a solution to the problems of care and treatment of these offenders, and special treatment has been found to be complicated and expensive.

There is general agreement that the present laws of the Commonwealth relating to sex offenders do not provide adequate protection to the public or distinguish the potentially dangerous offender from the relatively harmless person. The Department of Mental Health is supporting the proposed revision of the 1957 law pertaining to sex offenders.

The Division of Legal Medicine is working with the Department of Correction to establish a new reception, diagnostic and treatment center for all types of offenders, to be operated by the Department of Correction. Such a center would classify newly-committed offenders in terms of the kind of correctional facilities necessary for them, and provide psychiatric treatment whenever possible to both newly-committed offenders and those already in prison. The proposed center would also serve as a research and training institution. If funds and personnel were available, the center could also provide care for "defective delinquents," children who are both mentally retarded and delinquent.

The Department of Mental Health feels that this center would serve as a focal point for all of its programs of psychiatric service to the courts, parole system, and the Department of Correction, and is extremely interested in having it established as soon as possible. To date the General Court has appropriated $1.1 million toward the construction of such a center.

Recommendations

1. Appropriations for the Division of Legal Medicine should be increased, so that the Division may meet its commitments to the courts, the Department of Correction, the Youth Service Board, and other state agencies dealing with the problems of crime, sex crime, and juvenile delinquency. The work of the Division represents one of the ways in which the Commonwealth can hope to reduce the staggering costs of law enforcement and correction programs.

2. The proposed Crime Research Laboratory, or Division of Crime Research, should be established immediately as part of the Psychiatric Research Institute described in Chapter IX of this report.

3. The Commonwealth should give immediate consideration to the proposals for revision of the law relating to sex offenders, and for the construction of a new reception, diagnostic, and treatment center for committed offenders, now being developed by the Department of Mental Health, the Department of Correction, the Governor's Office, the General Court, and others.

Chapter VII: The Training Programs of the Department of Mental Health

Training and research have been called the keys to the eventual alleviation of mental illness.

Five state hospitals and one state school are members of the Psychiatric Training Faculty of Massachusetts, Inc., an organization composed of the directors of 16 psychiatric training centers in Massachusetts which has as its goal the establishment and maintenance in Massachusetts of training standards in the field of psychiatry.

The principal training program of the Department of Mental Health is the training of physicians to become psychiatrists. Programs accredited by the American specialty board in psychiatry are carried on in seven of the state hospitals and one state school. At present more than 80 physicians are in training in the Department's hospital and clinic system.

In addition to its training program for psychiatrists, the Department has opened two schools for licensed practical nurses, and plans to open two more. Many hospitals and schools have refresher courses for attendants and for supervisors in the nursing, practical nursing and attendant services. These courses bring workers up to date on new treatment methods.

State hospitals and schools also have training affiliations with schools of nursing, schools of occupational therapy, and the Institute for Clinical Pastoral Care.

The Department has cooperated with various universities in providing training and field experience in psychology and social work for university students. The Department, in collaboration with the National Institute of Mental Health and with funds provided by the Institute, is setting up a program in Western Massachusetts for the training of Community Mental Health Center workers.

On several occasions the Department has requested the position of Director of Training to oversee and help to develop the entire training program.

Recommendations

1. The training programs of the Department of Mental Health should be supported and encouraged by the Commonwealth.
2. Consideration should be given to the request of the Department for the position of Director of Training.

Chapter VIII: Needs in Research

Research into mental illness has never received the financial support or attention given to research in many physical diseases. It has been estimated that in 1951 research into mental illness received only about three per cent of all funds devoted to medical research that year, although half of all hospital beds in the United States were occupied by the mentally ill.

In 1954, the National Governors' Conference on Mental Health recommended that ten per cent of each state's budget for mental health be devoted to research and training, but in 1956 only about 1.5 per cent of state operating costs for mental health programs was being spent for research.

In December, 1957, the Department of Mental Health was conducting about 130 separate research projects. Most of these projects were financed by the National Institute of Mental Health or by private sources. From federal and private sources together, the Department received about $83,000 in 1956 and $126,000 in 1957 for research purposes. The Commonwealth, however, makes only very limited state funds available specifically for research.

Many other states supplement federal and private funds for research with extensive state funds. The Commissioner of Mental Health feels that at least $2 million a year could be spent effectively on research, with great ultimate benefits to the Commonwealth. The Department has suggested that a percentage of fees collected by the state for the board of patients be devoted to research.

The Commissioner of Mental Health recommends that the Commonwealth establish a Psychiatric Research Institute in the Greater Boston area. This Institute is described in Chapter IX.

There are also possibilities for the development of cooperative research projects by Massachusetts and other states in this section of the country. The proposed Psychiatric Research Institute could assist in the initiation of such projects, along with the rest of the Department of Mental Health and the Massachusetts Commission on Interstate Cooperation.

Recommendations

1. The Commonwealth should grant to the Department of Mental Health additional funds earmarked specifically for research, including money for preliminary investigations, and for the additional personnel needed to help plan and coordinate this research. It is recommended that this be done through the proposed Psychiatric Research Institute discussed in Chapter IX.
2. The Commonwealth should give serious consideration to the proposal of the Commissioner of Mental Health that a percentage, perhaps 20 per cent, of the fees collected from patients be made available for research.

3. The Department of Mental Health and the Massachusetts Commission on Interstate Cooperation should explore the possibilities of developing interstate research projects into the causes and treatment of mental illness and mental retardation, in order to draw on the talents and resources of other states in this part of the country. The proposed Psychiatric Research Institute could play a central role in the development of such projects.

Chapter IX: Recommendation: A Psychiatric Research Institute

The Commissioner of Mental Health has proposed the immediate establishment of a Psychiatric Research Institute, directed by the Superintendent of the Massachusetts Mental Health Center in Boston and associated with the Center and with Harvard Medical School.

The Institute would use state funds appropriated for research purposes, and would also be in a position to take advantage of federal and private research grants.

The Special Commission on Audit of State Needs wishes to endorse this proposal.

The Commissioner proposes that the Psychiatric Research Institute include three basic divisions. The *Division of Research in Mental Disease* would carry on basic research in mental disease and related problems, including studies of social and environmental factors related to mental illness. The *Division of Research in Mental Retardation,* working with the Division of Special Education of the Department of Education and other groups, would conduct research into the causes of mental retardation and explore advanced methods of care. The *Crime Research Laboratory,* or *Division of Crime Research,* would cooperate with the Division of Legal Medicine of the Department of Mental Health, the Department of Public Safety, the Department of Correction, the Youth Service Board, the Attorney General, the District Attorneys, and other public and private authorities and agencies concerned with the problems of crime. The proposed Crime Research Laboratory would make inquiries into the causes and treatment of crime, juvenile delinquency, and sex crime.

Although the Commissioner of Mental Health believes that ultimately the Psychiatric Research Institute should be authorized to spend about $2 million a year on research programs, he estimates that an initial appropriation of about $200,000 would be required to inaugurate the program.

Recommendation

It is recommended that statutory authorization be granted and funds be appropriated immediately, for the establishment of a Psychiatric Research Institute for research into the fields of mental illness, mental retardation, and crime. Only in this way can the Commonwealth develop the information needed for the future alleviation of these grave problems, and help to save the taxpayers the much larger sums which will otherwise have to be expended for preventive, therapeutic and custodial programs for the mentally ill and the retarded, as well as the criminal, the juvenile offender, and the sex offender.

Legislation to accomplish this purpose will be found in Appendix A.

FIGURE 1

MASSACHUSETTS LIVE BIRTHS 1904 – 1956

AND

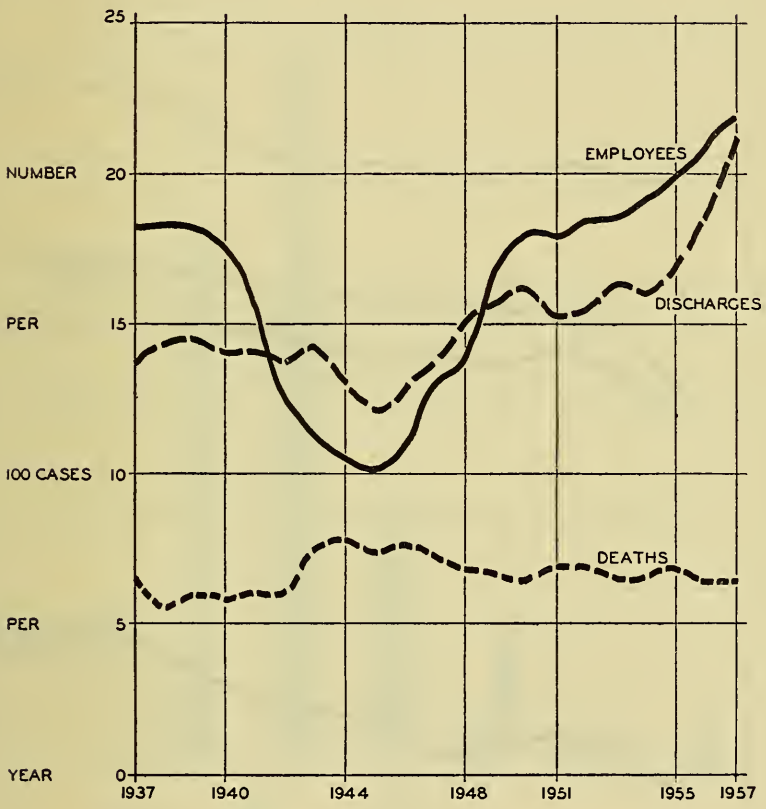
ADMISSIONS TO HOSPITAL-SCHOOLS
FOR RETARDED MENTAL DEVELOPMENT

MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH
1904 – 1956

SOURCE: MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

FIGURE 2.

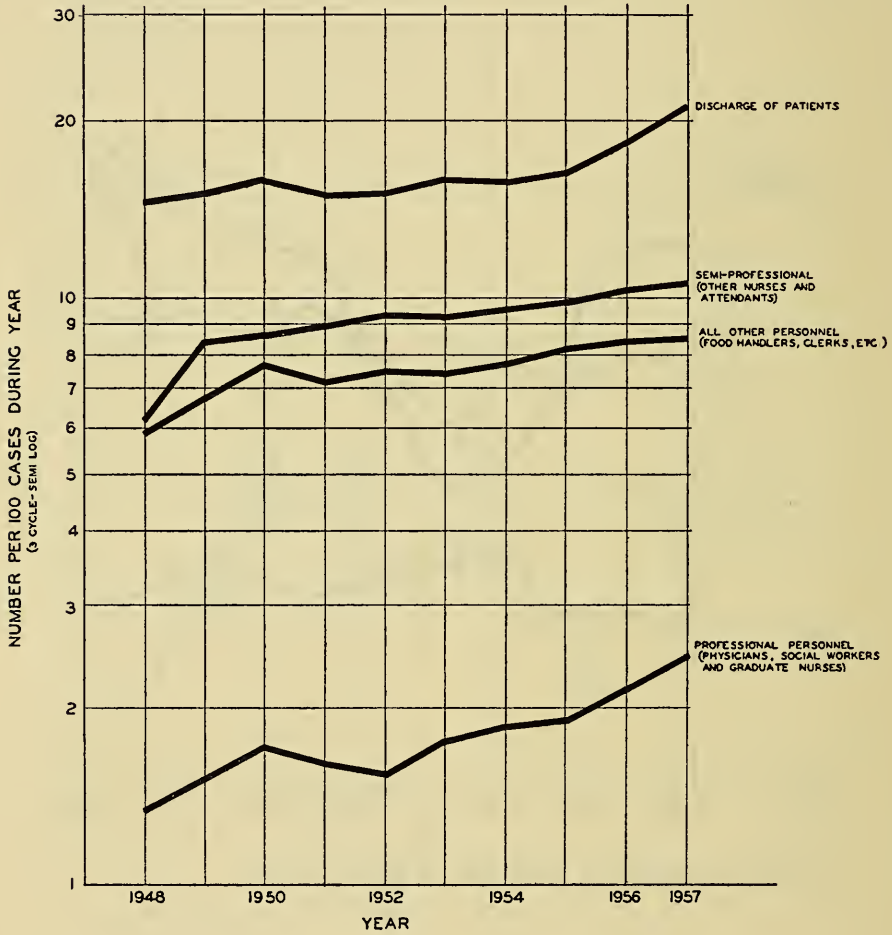
RELATIONSHIP BETWEEN NUMBER OF EMPLOYEES AND DISCHARGE AND DEATH RATE OF PATIENTS.
12 DEPARTMENT OF MENTAL HEALTH HOSPITALS
1937 – 1957



SOURCE: MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

FIGURE 3

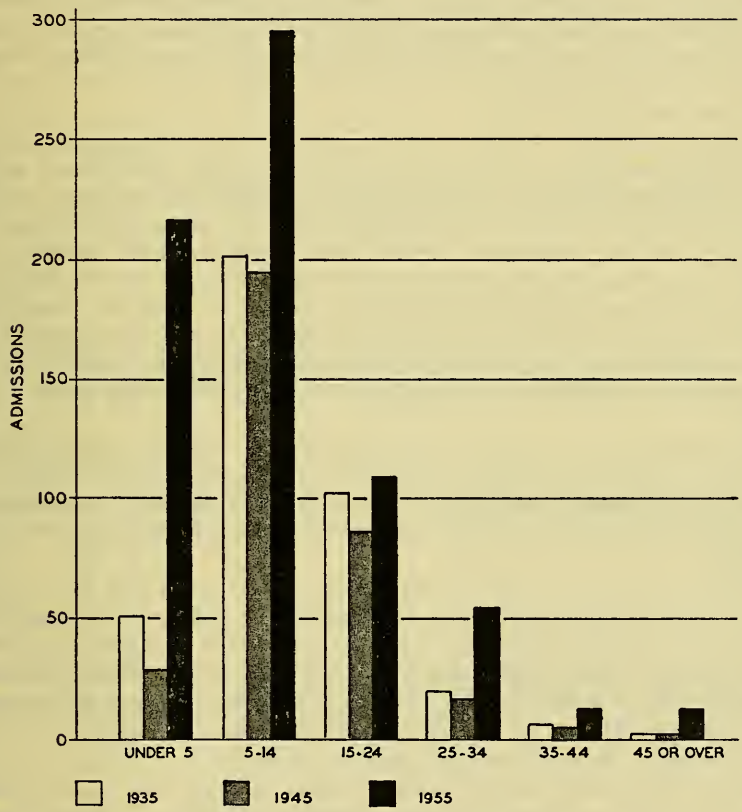
RELATIONSHIP BETWEEN DISCHARGE RATES AND NUMBER OF PERSONNEL IN THREE BROAD CATEGORIES. 12 D.M.H. HOSPITALS FOR MENTAL ILLNESSES 1948-1957



SOURCE: MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

FIGURE 4.

MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH
ADMISSIONS AND AGE
HOSPITAL-SCHOOLS
FOR RETARDED MENTAL DEVELOPMENT
1935. 1945 AND 1955



SOURCE: MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

CHAPTER I

Personnel: The Key to Effective Treatment

1. The General Problem

The key to effective treatment of the mentally ill is a sufficient number of well-trained personnel. A more adequate number of such personnel is the principal factor leading to the recovery of mentally and emotionally disturbed persons and their return to the community. While additional personnel cost money, they help reduce the costs to the taxpayer which otherwise would result from the long term hospitalization of an ever increasing number of patients.

This fact is strikingly illustrated by Figure 2 and Table 1, which show that as the number of employees in the Department has increased since 1945, the number of patients discharged has also risen very sharply despite a rise in the total number of admissions.

Figure 3 and Table 2 show in more detail the types of personnel added between 1948 and 1957. In Figure 3, the discharge rate per 100 patients is plotted along with the numbers per 100 patients of professional personnel (including physicians, social workers and graduate nurses), semi-professional personnel (other nurses and attendants), and all other personnel (food handlers, clerks and others). The graph is plotted to show *relative* changes over the time period. Each of the three personnel categories has shown an increase, as has the discharge rate. During 1956 and 1957, the discharge rate rose more markedly than at any time during the preceding eight years. During the same two years the professional personnel group increased more than the other personnel categories.

At present, there are about 11,000 employees in the Department of Mental Health. In 1954, an extensive survey of the state mental hospitals made by the American Psychiatric Association resulted in very detailed recommendations for additional personnel as well as for additional facilities and programs at every hospital.[1]

At that time, the American Psychiatric Association stated that minimum standards for professional care of the mentally ill and retarded would not be achieved until the Department, which was then served by 9,960 employees, had a total staff of at least 15,000. Since 1954, the number of patients admitted each year has increased substantially, and the development of new techniques and programs for the care of the mentally ill, including the use of tranquilizing drugs, requires that still more personnel be available.

The Department of Mental Health believes that the provision of first-class care of patients would require at least 30,000 personnel, or a ratio of one employee per inpatient. However, the immediate plans of the Department call for a total of 20,000 personnel to care for the approximately 31,000 patients at present in state institutions, and for the approximately 14,000 out-patients seen each year. The other duties of the Department, including those of the Divisions of Geriatrics and Legal Medicine, must also be expanded to meet present and future needs.

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[1] "Report on the State Mental Hospitals of Massachusetts, made by the Central Inspection Board, American Psychiatric Association" (1954). (Processed.)

TABLE 1

Relationship Between Number of Employees and Discharge and Death Rates of Patients
Massachusetts Department of Mental Health
12 Hospitals for the Mentally Ill
Fiscal Years 1937 to 1957

Year	Total Cases During Year	Employees on Payroll at End of Year	Employees Per 100 Cases 100 × b ÷ a	On Books at End of Year	Discharges To Community During Year	Deaths During Year	Discharge Rate e ÷ a	Case Fatality Rate f ÷ a
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
1937	28,501	5,204	18.2	22,596	3,918	1,845	13.7	6.5
1938	29,048	5,309	18.3	23,049	4,145	1,594	14.3	5.5
1939	29,380	5,333	18.2	23,273	4,251	1,754	14.5	6.0
1940	29,876	5,295	17.7	23,827	4,178	1,692	14.0	5.7
1941	30,328	4,817	15.9	24,075	4,265	1,838	14.1	6.1
1942	30,593	3,850	12.6	24,322	4,172	1,839	13.6	6.0
1943	31,207*	3,545	11.3	24,164	4,469*	2,337*	14.3	7.5
1944	30,836	3,249	10.5	24,260	4,003	2,414	13.0	7.8
1945	30,727	3,108	10.1	24,555	3,731	2,263	12.1	7.4
1946	31,207	3,386	10.8	24,696	3,986	2,382	12.8	7.6
1947	31,767	4,150	13.1	24,937	4,346	2,310	13.7	7.3
1948	32,807	4,438	13.5	25,434	4,961	2,221	15.1	6.8
1949	33,277	5,558	16.7	25,707	5,183	2,224	15.6	6.7
1950	33,395	6,039	18.1	25,730	5,411	2,136	16.2	6.4
1951	33,347	5,927	17.8	25,920	5,058	2,260	15.2	6.8
1952	33,606	6,212	18.5	26,008	5,188	2,329	15.4	6.9
1953	34,131	6,331	18.5	26,231	5,551	2,217	16.3	6.5
1954	34,026	6,539	19.2	25,936	5,455	2,201	16.0	6.5
1955	34,024	6,780	19.9	25,629	5,719	2,362	16.8	6.9
1956	33,558	7,057	21.0	24,898	6,223	2,150	18.5	6.4
1957	33,217	7,274	21.9	24,105	6,737	2,142	20.3	6.4

* Figures were prorated for 12 months as fiscal year changed from September 30 to June 30 (actual figures were for 9 months only).
SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

In summary, the Commonwealth would need to add at least 4,000 additional personnel at all levels in the Department of Mental Health in order to come up to now considerably outdated minimum professional standards, and 9,000 in order to come up to the present minimum estimates of the Department of Mental Health.

Since World War II, the Department of Mental Health has constantly increased the number of personnel to care for patients. In 1945 in the state hospitals for the mentally ill the number of patients per full-time employee was 6.8. This situation has steadily improved, and in 1956 the number of patients per full-time employee was 3.1. In that year, other states and the District of Columbia had lower ratios of numbers of patients per full-time employee than Massachusetts: Kansas 2.0, Nebraska 2.3, New Mexico 2.3, Delaware 2.4, District of Columbia 2.5, Connecticut 2.7, Iowa 2.7, Indiana 2.8, Colorado 2.9, New Hampshire 2.9, New Jersey 2.9, and Utah 3.0.[2]

Despite the impressive rise in the number of employees during the last ten years in Massachusetts, the most pressing need of the state hospitals and schools is for more personnel. While the state hospitals of the Commonwealth of Massachusetts are relatively well-staffed in comparison with state hospitals of most other states, our hospitals do not compare favorably with hospitals that care for the mentally ill which are operated by the Veterans' Administration. For example, the Veterans' Administration Hospital in Brockton has 1,100 employees to care for 700 patients, or 1.6 employees to each patient. Other Veterans' Administration hospitals are similarly well-staffed.

The ratio of personnel to patients on a day to day operating basis must also be considered. At present there are about 21,500 patients in the state mental hospitals, and another 9,300 in the state schools for the mentally retarded and in Monson State Hospital. Of the 11,000 employees of the Department of Mental Health in 1956, only about 6,500 were engaged in active patient care in the hospitals and schools. The other 4,500 employees worked in the service sections of the hospitals, the administrative offices of the Department and in outpatient services. Most of these 4,500 were maintenance, food service and farm operation personnel in the hospitals and schools.

Of the 6,500 persons employed in ward services, 6,000 filled positions which require round-the-clock coverage, seven days a week. Calculating on the basis of a work year and allowing for vacations and sick leave, 4.7 persons are required to man any one such position. Only one in every 4.7 persons, or 1,300 employees, were on duty in these positions at any one time to care for 31,000 patients. The staffing has not changed substantially since that time.

This labor force is supplemented to some extent by employees in administrative, food service and other positions that are manned only during the day shift. However, at least two-thirds of the time, only about 1,300 employees must care for at least 31,000 patients, many of whom are totally helpless or acutely disturbed. This is a dangerously small number of employees.[3]

The function of each of these employees should also be considered. Psychiatrists, psychologists, social workers, nurses and psychiatric aides have different functions in caring for the patient, and a certain ratio must be maintained

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[2] Interstate Clearing House on Mental Health, Council of State Governments, *Selected Tables on Resident Population, Finances and Personnel in State Mental Health Programs* (Chicago, December, 1956), Table 10.

[3] One unfortunate result of the shortage of personnel is noted in the Annual Report of the Department of Mental Health for the year ending June 30, 1955, which stated that many of the deaths from accidents in state mental hospitals that year could have been prevented, if more nursing personnel had been available. Massachusetts Department of Mental Health, "Annual Report" (Boston, 1955), p. 3. (Mimeographed.)

TABLE 2

Categories of Employees Per 100 Cases During Year
Massachusetts Department of Mental Health
12 Hospitals for the Mentally Ill
Fiscal Years 1948 to 1957

Fiscal Year	Number of Cases	Professional personnel (physicians, social workers and graduate nurses)		Semi-professional personnel (other nurses and attendants)		All other (food handlers, clerks, etc.)	
		No.	No. Per 100 Cases	No.	No. Per 100 Cases	No.	No. Per 100 Cases
	(a)	(b)	(100 × b ÷ a)	(c)	(100 × c ÷ a)	(d)	(100 × d ÷ a)
1948	32,807	465	1.42	2,031	6.19	1,942	5.91
1949	33,277	532	1.60	2,800	8.41	2,255	6.77
1950	33,395	594	1.77	2,885	8.64	2,565	7.68
1951	33,347	563	1.69	2,983	8.95	2,384	7.14
1952	33,606	557	1.65	3,130	9.31	2,528	7.52
1953	34,131	630	1.84	3,146	9.21	2,556	7.49
1954	34,026	644	1.89	3,243	9.53	2,652	7.79
1955	34,024	658	1.93	3,351	9.84	2,774	8.15
1956	33,558	734	2.18	3,509	10.45	2,814	8.39
1957	33,217	819	2.46	3,628	10.92	2,827	8.51

SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

between the number of each type of employee and the number of patients in the hospitals and schools. (See Figure 2 and Table 2.)

In some institutions, the lack of personnel is so great that if someone on the succeeding shift fails to appear, the person on the post must remain an additional eight hours. This problem is especially acute in the more isolated hospitals where severe storms, as well as sickness, may prevent personnel from appearing on duty.

Most of the patients in our state hospitals and state schools require a great deal of care. Since World War II, improved treatment for the mentally ill has made it possible to release patients who would formerly have been too sick to leave the hospital, but well enough to take care of themselves to a certain degree, and to perform duties in the hospital. The result is that those patients who remain are the more seriously ill, who require much more care.

A similar situation exists in the schools for the retarded. Better methods of training, combined with the prosperous economic condition of the country, have made it possible to employ many of the less seriously retarded outside of the state schools. As a result, most of the persons remaining in the state schools are so retarded that they cannot perform even routine duties.

The progress made by the Department of Mental Health in facilitating the return of the less ill and retarded to the community is extremely encouraging from a humanitarian viewpoint. However, it has also placed a greater work-load on the hospital and school personnel, since most work in the state institutions must now be performed by paid, full-time workers, without help from patients.

2. Intensive Treatment

Historically, mental institutions have tended to give much greater attention to passive *care* of the patient, rather than to active treatment. Today, the emphasis is on treatment to a far greater degree, and intensive treatment requires many more trained personnel than routine care. This is especially true for the very patients whose cases are the most tragic and who are most expensive to the state, those who have been hospitalized for long terms in the so-called "back wards." These patients until now have made up the more or less permanent population of mental institutions.[4]

> (On the average, only 43-45 per cent of *all* first admissions to state mental hospitals are discharged within five years.) Since the outlook for recovery decreases with the duration of illness, a very high proportion of schizophrenic patients, who are not discharged within the first few years of treatment, are likely to be permanent residents of mental hospitals.[5]

However, there is increasing evidence that even some of these seemingly hopeless cases who have been hospitalized for as long as 20 years will respond to more intensive care and attention from ward personnel.

Modern training in psychiatry places heavy emphasis on an understanding of the underlying emotional problems relating to the patient's illness. The treatment of such underlying problems is time-consuming, yet in the long run is thorough and effective. An example of effective patient management based on

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[4] See, for example, Greenblatt and others, *From Custodial to Therapeutic Patient Care . . .* See also Council of State Governments, *The Mental Health Programs . . . ,* p. 149, and National Mental Health Committee, *Has Intensive Therapy Paid Off?* (Washington, 1957), which cites reports from mental health officials of many states that intensive therapy, combined with the use of tranquilizing drugs and other new methods of treatment, is responsible for the nation-wide decrease in the resident patient population.

[5] Council of State Governments, *Training and Research in State Mental Health Programs* (Chicago, 1953), pp. 126-127.

the principles of modern, intensive psychiatric treatment at the Worcester State Hospital illustrates the value of such treatment.[6]

With the increased number of personnel in the institution, it was decided that active treatment services could be extended to some degree to those areas of the hospital caring for chronic cases. As a demonstration project, the staff selected a particularly difficult ward, and a particularly difficult patient. A female patient from the ward, who was so ill she had been kept in the hospital for most of the past 11 years, benefited in the following way.

This patient had been in seclusion for months, and when she was toileted, bathed or fed, a heavy concentration of personnel was required, because opening the seclusion room door resulted in assaults by the patient. She threw food and food utensils, and assaulted personnel physically. Glasses were broken, clothing torn and many dispositions ruffled in the process. This patient was selected for special attention by her physicians.

The patient had failed on treatment with shock, lobotomy, and huge doses of tranquilizers. She was started in psychotherapy and the nurse attendants were carefully instructed in caring for her. As she improved under these routines she was promoted to better wards. This patient has now recovered sufficiently so that she is able to be out of the hospital. She is able to conduct herself in a socially acceptable manner and one can hope for her complete rehabilitation. This treatment could have been given to this woman 11 years ago, had facilities and personnel been available.

Other patients like her will remain chronically ill, until the Department is given the increased personnel and other therapeutic and supporting resources with which to treat them.

In discussing the importance of motivation in treating mental illness, one report has stated:

> The "motivational effect" on mental hospital patients is . . . marked. Patients who have been in hospitals for more than a year seldom receive as much active attention from the staff as would be desirable. After months or years of the dull routine even of good hospital custody, a patient's interest and his motivation to be cured decline. If, however, he now is taken from his monotonous existence and is placed in an active treatment ward, where he is made the subject of increased nursing attention, testing procedures, staff conferences, and in addition receives a better diet and is exposed to all the enthusiasm that accompanies a research study, then he very well may show improvement regardless of the therapeutic value of the specific treatment itself. Such improvement may last for weeks or months before the effects wear off.[7]

Another illustrative case is that of a 15-year-old boy who was referred to the Children's Unit at the Metropolitan State Hospital from the Youth Service Board, as disturbed, uncooperative, and aggressive. He and another boy had set fires, and in one instance had started a fire in a nursing home in which a patient was killed. At the Children's Unit he used bad language, was preoccupied with fires and resisted all authority. It was only after 18 months of intensive treatment, including treatment interviews one to three times per week, that the patient gained confidence in himself, began to profit by schooling and became more cooperative and friendly in his behavior.

A study in California in 1950 and 1951 demonstrated the value of intensive therapy.

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[6] This and the following example were provided by the Massachusetts Department of Mental Health.

[7] Council of State Governments, *Training and Research . . .* , p. 121.

A "total push" research study executed at Stockton State Hospital, California, was the first large-scale experiment designed to show the effects of adequate personnel and intensive treatment on chronic mental patients—those who have failed to respond to routine treatment and who seem destined to remain in a mental institution indefinitely. . . .

Four hundred male patients were selected from the chronic group of patients previously relegated to "back wards." They were divided into two groups of two hundred each—an experimental group and a control group. . . . The two hundred patients of the experimental group were placed in two special cottages. Each of the four hundred patients was rated regularly on a large number of points indicative of psychiatric condition.

The staff for the two special cottages was increased far above that of the ordinary ward. No types of therapy were employed for the experimental group that were not available in the rest of the institution, but the larger staff made possible increased utilization of available treatments. . . .

The results of this project are not yet completely analyzed. The number of patients of the experimental group separated from the hospital, however, was more than two and a half times that in the control group. The number of visits which the experimental patients were able to make to relatives, leaving the hospital temporarily, also was increased about two and a half times. Patients remaining in the hospital were rated by the observers as showing more improvement under the experimental regime than those under regular hospital conditions.

Per patient costs, of course, also increased markedly during the experiment. Per diem costs rose from $2.52 to $5.38, an increase of $1,048 per year per patient. The savings, however, which will accrue from increased discharge of patients from the hospital are yet to be computed—to say nothing of the savings in terms of human values.

More experiments of this sort are needed throughout the country. They should be carefully planned, and carried out in a variety of hospital and community settings in order to determine the conditions under which intensive therapy can provide maximum benefit with reasonable expenditure.[8]

At present, the Massachusetts Mental Health Center is conducting a small research project, financed by federal funds, with 40 patients from the back wards of the Metropolitan State Hospital. The final results have not been analyzed, but the general findings are similar to those of the study made in California.

3. The Children's Unit at the Metropolitan State Hospital

An outstanding example of a service of the Department of Mental Health in need of additional personnel is the Children's Unit at Metropolitan State Hospital. Until 1946, Massachusetts children who became severely disturbed were sent to the same institutions as adults. Every state hospital had a certain number of children 16 years of age or younger, a situation which was extremely undesirable. In 1946, the Department of Mental Health initiated a plan under which all disturbed children were sent to the Metropolitan State Hospital and placed in a separate Children's Unit. In 1953, the Commonwealth became the third state to open a building especially designed for such children. This program has received national recognition.

[8] *Ibid.*, pp. 155-156. *"The rate of separation was increased by more than 2½ times* . . . Twenty-seven (13.5%) of the experimental patients were separated from the hospital, as compared to 10 (5%) of the controls. Of these, 25 experimental and eight control patients were on indefinite leave of absence, and 2 from each group discharged." E. F. Galioni, M.D.; F. H. Adams, M.D.; and F. F. Tallam, M.D. *American Journal of Psychiatry,* 109 (February, 1953), reprinted in Council of State Governments, *Training and Research . . .*, Exhibit Three, p. 231.

The Children's Unit at the Metropolitan State Hospital houses about 90 children. They are seriously disturbed, and require a large and devoted staff to care for them. Tranquilizing drugs and other methods used in treating adult patients are not as successful when used with children, whose care demands more personal attention.

The unit provides not only therapy, but schooling as well, so that the children may return to society with a minimum loss in their education. In many cases, the Department also must work intensively with the families of these children in order to improve family situations which may have contributed to the child's illness.

The results of this specialized program at the Children's Unit have been very heartening. From January to March, 1956, there were 64 admissions, 63 discharges and no deaths, resulting in a turnover rate of 98.4 per cent.[9] Because these children require unusually great personal attention, and because of the importance of early treatment of mental illness, additional personnel are particularly needed in this unit.

The following table shows the present personnel of this Unit, and the total personnel needed, as requested by the Commissioner of Mental Health.

TABLE 3

Present Personnel and Personnel Needs
Children's Unit, Metropolitan State Hospital,
Massachusetts Department of Mental Health

Present Personnel	Total Personnel Needed*
1 Director of Psychiatry	1 Assistant Superintendent
1 Senior Psychiatrist	4 Senior Psychiatrists—Male
1 Staff Psychiatrist	3 Senior Psychiatrists—Female
3 Psychiatric Social Workers	1 Head Psychiatric Social Worker
	6 Psychiatric Social Workers
1 Director of Psychological Research	1 Director of Psychological Research
1 Psychologist	2 Principal Psychologists
	4 Psychologists
1 Head Teacher	1 Principal
4 Teachers	10 Teachers
1 Director of Volunteers	1 Director of Volunteers
1 Head Occupational Therapist	1 Head Occupational Therapist
1 Occupational Therapist	5 Occupational Therapists
	3 Recreational Therapists
	1 Music Therapist
	1 Coordinator of Occupational Therapy
2 Head Nurses	16 Head Nurses
4 Hospital Supervisors	8 Hospital Supervisors
5 Charge Attendants	16 Charge Attendants
38 Attendant Nurses	35 Licensed Practical Nurses
Total 65	Total 120

* As requested by Commissioner Jack R. Ewalt, Massachusetts Department of Mental Health, April, 1958.

[9] Data furnished by the Division of Research and Statistics of the Massachusetts Department of Mental Health.

4. Salaries and Recruitment

Recruitment is a central part of the problem of personnel. All authorities stress the national shortages of physicians, nurses, and other medical personnel. In some fields, the shortage is estimated to be greater than the total number of persons already in the field.

In the entire country, only about 350 new psychiatrists graduate each year, excluding foreign students who are required by law to return home. Of these, the majority enter private practice, and fewer than 100 graduates are available to staff the vacancies in all public institutions and agencies.[10]

The Commonwealth of Massachusetts must be in an effective competitive position to obtain its fair proportion of these professional employees. A comparison of salaries paid to selected categories of personnel by the Commonwealth of Massachusetts, the state of Connecticut and the Veterans' Administration indicates that Massachusetts compares unfavorably both with the neighboring state of Connecticut and with federal facilities in Massachusetts. The Veterans' Administration is currently urging legislation to increase the pay scale of professional personnel.

TABLE 4

Comparative Salaries for Personnel in Selected Fields at Psychiatric Facilities, 1957

	Massachusetts	Connecticut*	Veterans' Administration**
Psychiatry	$3,146 to $10,387	$4,200 to $13,140	$5,915 to $13,760
Clinical Psychology	4,641 to 9,230	3,300 to 8,340	6,390 to 11,395
Social Work	4,316 to 5,967	3,720 to 10,380	5,440 to 11,395
Nursing	3,770 to 7,020	3,720 to 8,340	4,025 to 8,645
Occupational Therapy	3,328 to 5,213	3,300 to 6,540	3,670 to 7,465

* Connecticut, State Personnel Director, *Compensation Plan for the State Classified Service, Effective July 1, 1957* (Hartford, 1957).

** Data furnished by Veterans' Administration, Office of the Area Medical Director, Boston, October, 1957.

The salaries paid by the Veterans' Administration to professional workers in its hospitals and clinics in Massachusetts are considerably higher than those paid by the Commonwealth. The maximum salary of a social worker in a state hospital or outpatient clinic is only slightly higher than the minimum salary for a social worker in a Veterans' Administration facility, while the maximum federal salary is almost double that of the Massachusetts maximum for social work.

Considering the difference in the beginning salaries, it is understandable that the Veterans' Administration is able to require higher qualifications for beginning psychologists and social workers. In no area is the Commonwealth in a favorable position to compete with the Veterans' Administration.

The maximum salaries paid to psychiatrists, nurses, social workers, and occupational therapists are considerably higher in Connecticut than in Massachusetts. The only field in which Massachusetts is in any way in an advantageous position is clinical psychology, where the maximum salary exceeds that paid in Connecticut.

[10] George W. Albee, "Manpower Prospects in Mental Health," *State Government*, XXXI (March, 1958), p. 56.

A report in April, 1956 by the Committee on Personnel Standards and Practices of the Massachusetts Mental Health Social Workers Association showed that at that time Massachusetts ranked very low in salaries paid to psychiatric social workers, in comparison to other states.

The study reported that as of April, 1956:

In Positions Comparable to Assistant Psychiatric Social Worker . . . of 35 states listing comparable positions, 25 states have a higher starting salary than Massachusetts and 10 states have a lower starting salary than Massachusetts. The average starting salary of these 35 states is $3,682.00 (in Massachusetts this salary is $3,420.00 or $262.00 less). The average maximum salary of these 35 states is $4,556.00 (in Massachusetts this salary was $4,140.00 or $416.00 less).

In Positions Comparable to Psychiatric Social Workers . . . of 39 states listing comparable positions, 33 states have a higher starting salary than Massachusetts and six states have a lower starting salary than Massachusetts. The average starting salary of these 39 states is $4,249.00 (in Massachusetts this salary is $3,780.00 or $469.00 less). The average maximum salary of these 39 states is $5,517.00 (in Massachusetts this salary is $4,860.00 or $657.00 less).

In Positions Comparable to Head Social Worker . . . of 37 states listing comparable positions, 35 states have a higher starting salary than Massachusetts, one state has the same starting salary as Massachusetts and only one state has a lower starting salary than Massachusetts. The average starting salary of these 37 states is $5,097.00 (in Massachusetts this salary is $3,960.00 or $1,137.00 less). The average maximum salary of these 37 states is $6,274.00 (in Massachusetts this salary is $5,040.00 or $1,234.00 less). A startling observation in this grade is that the maximum salary for Massachusetts is lower than the average starting salary of the 37 other states. . . .

Increment:

Replies have indicated that Massachusetts is also below par with respect to the size of salary increments. States reporting positions corresponding to our Assistant Psychiatric Social Worker had, on an average, annual increments of $212.00 as compared with $120.00 for Massachusetts; the average annual increment for positions corresponding to our Psychiatric Social Worker was $237.00 (Massachusetts is $180.00); the Head Social Workers (comparable positions) elsewhere receive an average annual increment of $269.00 (Massachusetts $180.00).

Time to Obtain Maximum Salaries:

Of the states which replied with regard to the time required to reach maximum salaries, the average time required is five years, with none requiring more than eight years, as compared with twelve years for Massachusetts. It might also be noted that under Massachusetts regulations, there are periods between the fifth through seventh years, and between the eighth through eleventh years during which no increment is awarded.

Appointment Salaries:

About one half of the states responding to this question noted that the appointing authority could hire personnel at a wage above the starting salary by taking into consideration previous training and experience. Massachusetts, on the other hand, starts a person entering state service for the first time, at the minimum salary for the grade for which he qualifies.[11]

[11] Committee on Personnel Standards and Practices of the Massachusetts Mental Health Social Workers Association, "Appraisal of the Current Conditions of Psychiatric Social Workers in the Massachusetts Department of Mental Health" (April, 1956), pp. 4-7. (Mimeographed.)

Massachusetts also did not require as much education to qualify for the position of social worker. The report stated:

> Over 65% of the states reporting require a Master's Degree in Social Service, preferably with a psychiatric sequence, for their lowest grade of psychiatric social worker. Over 86% of the states require a Master's Degree in Social Service for all grades higher than the lowest. Massachusetts does not have such a requirement. . . . The majority of states do not have a residency requirement. Massachusetts specifies that residence is necessary except in rare instances.[12]

In October, 1956, the three classifications of positions of social worker in the Massachusetts Department of Mental Health were raised. However, even with these increases, the relative position of Massachusetts salaries as compared with the *average* of all other states reporting remained unchanged. Moreover, at the time of the above study, new salary raises were pending or contemplated in almost all states.

The presence of three outstanding medical schools partially offsets the disadvantage of lower professional salaries in the Boston metropolitan area. Some professional personnel are willing to work for the Commonwealth on a full-time or part-time basis because of the other medical facilities in the area. However, this does not apply to the rest of the state. About 22,000 of the patients in state facilities are in hospitals and schools more than 45 minutes and as much as three hours from Boston by automobile. There is every reason for the Commonwealth of Massachusetts to be concerned about its ability to attract and hold top level professional personnel, particularly at facilities outside the Boson area.

5. Volunteers[13]

Volunteer services are a vital part of any program for the care of the mentally ill and retarded.

Massachusetts has been especially fortunate in developing effective volunteer programs because of the devoted work of such groups as the Massachusetts Association for Mental Health, the Massachusetts Association for Retarded Children, and the local affiliates of these groups, as well as the other volunteer groups associated with many state hospitals. Boston State Hospital alone in 1956 received over 18,500 hours of volunteer services.[14] However, all state hospitals and schools need more volunteer assistance, and hospitals outside the major urban centers have had great difficulty in obtaining volunteer workers.

In 1956, the position of supervisor of volunteer services was created in the institutions of the Department of Mental Health. These supervisors are developing the volunteer programs, which are now under way in varying degrees in each of the institutions. Hospital volunteers contribute to the mental health programs in two major ways. The volunteer brings to the hospital's attention the community's attitudes toward the mental hospital and its patients. At group sessions with the volunteers, the hospital and school clinical directors and other

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[12] *Ibid.*, p. 8.

[13] For further information see Joy Kimball, *Guide for Organization of Volunteer Service in Mental Hospitals* (Boston, 1950). This manual, written in cooperation with The Committee on Volunteers of the Massachusetts Association for Mental Health, Inc., has been widely praised. See also Irene T. Malamud, "Volunteers in Community Mental Health Work," *Mental Hygiene,* XXXIX, April, 1955, pp. 300-309. Appendix D of this report deals with the role of private organizations in providing mental health services.

[14] Boston State Hospital, *116th Annual Report, for the year ending June 30, 1956* (Boston, 1957).

staff have been able to modify or change misconceptions about the mental hospital and its patients.

In addition, the volunteers help the patients by conducting group activities in the hospitals. These include birthday parties, discussions of books, social clubs, glee clubs, music appreciation courses, nature groups, illustrated lectures and other activities that help to make the hospital or school more like the outside community.

Most state hospitals and schools have a hospital auxiliary composed of hospital employees and members from the outside community. The auxiliary groups have the support of the hospital superintendent and stress the raising of funds for the benefit of patients. The auxiliaries often run social affairs in the community for the benefit of the hospital or school.

Other volunteer and private groups have given a great deal of assistance in the establishment of the outpatient clinics and other clinical programs and services.

The Department of Mental Health also has the advantage of substantial unpaid assistance from the three medical schools in the Boston area, as well as the services of many private citizens conducting research with the Department of Mental Health.

Every encouragement should be given to the expansion of these volunteer programs, which in addition to helping the patients serve to make the communities more aware of the needs of the state hospitals and schools.

Some of the hospitals have a public relations committee, but there are no public relations personnel to give advice and leadership. Plans are under way to have seminars for representatives of each state hospital and school to teach public relations techniques. The Department is especially interested in obtaining the services of qualified public relations personnel at each hospital.

Recommendations

1. The Department of Mental Health should be provided with the funds necessary to employ the additional personnel needed at all levels to provide more adequate treatment for the mentally ill and retarded.

2. Salary scales of employees should be raised as rapidly as possible in order to enable the Department to compete effectively with other states and with the federal government for professional personnel.

CHAPTER II

Hospital Facilities and Services

We are now in a period of hopeful change, however, in treatment facilities for the mentally ill. Psychiatric wards are being opened in the general hospitals; outpatient clinics are increasing in numbers; day hospital and night hospital facilities are being provided; half-way houses are being experimented with; the place of an extension service whereby the hospital provides service to patients living at home is being studied on models provided by our English colleagues. Psychiatrists in private practice are equipped for and interested in treating patients in their homes. Liberalization of insurance plans to provide care for mentally ill individuals makes possible greater utilization of wards in general hospitals and private mental institutions. Small intensive treatment units are being provided either as independent hospitals, or as a portion of the large hospital providing a more rapid turnover of patients. Rehabilitation services and after-care clinics help to support patients in the community who previously would linger in hospitals. An atmosphere of greater optimism about the outcome of psychoses lead to an attitude of greater liberalization in the discharge of patients and a willingness of hospital authorities to take certain calculated risks. Several states are experimenting with new types of facilities to better comfort those among our aged people who show some signs of mental deterioration but who are not disturbed enough to find the wards of our mental hospitals a suitable haven. All of these factors have favorable potential for reducing the number of chronic patients and to lessen the need for beds. These are the hopeful aspects of the current movement in our field.[1]

1. Inpatient Hospitals of the Department of Mental Health

The Department of Mental Health operates the following hospitals: 11 state hospitals for the mentally ill, located in Boston, Danvers, Foxborough, Gardner, Grafton, Medfield, Waverly (the Metropolitan State Hospital), Northampton, Taunton, Westborough, and Worcester; the Massachusetts Mental Health Center in Boston (formerly the Boston Psychopathic Hospital); Monson State Hospital for patients with convulsive disorders; and Cushing Hospital for the aged, in Framingham. The Department also operates four state schools for the retarded, which are hospitals as well: the Walter E. Fernald School at Waverly, the Myles Standish School at Taunton, the State School at Belchertown, and the State School at Wrentham.

These hospitals and schools, together with the other facilities of the Department, consist of 304 hospital buildings and 836 auxiliary buildings. Many of the buildings are 75 to 100 years old, and in constant need of renovation.

Between June, 1951, and December, 1957, new construction added 5,716 hospital beds to the Department's facilities. Overcrowding in the hospitals has been reduced from 24 per cent over rated capacity to about eight per cent over capacity as a result of this new construction and higher discharge rates.[2]

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[1] Harry C. Solomon, "The American Psychiatric Association in Relation to American Psychiatry," Presidential Address read before the meeting of the American Psychiatric Association, San Francisco, May 12, 1958, p. 9.

[2] Ewalt, pp. 3 and 40.

TABLE 5

Number of Admissions and Average Daily Census
Massachusetts Department of Mental Health
12 Hospitals for the Mentally Ill
Fiscal Years 1948 to 1957

Fiscal Year	Number of Admissions	Average Daily Census
1948	7,803	22,171
1949	7,743	22,405
1950	7,622	22,399
1951	7,573	22,474
1952	7,640	22,455
1953	8,046	22,604
1954	7,767	22,597
1955	7,867	22,313
1956	7,594	21,832
1957	8,189	21,477

SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

Nevertheless, the hospitals remain overcrowded. An additional 2,000 hospital beds, as well as the expansion of other facilities, would be necessary to eliminate the present overcrowding.

Furthermore, the Division of Research and Statistics of the Department estimates unofficially that if existing trends in the growth of the general population in Massachusetts were to continue, the population in the state mental institutions would rise from the present 21,500 to at least 22,860 in 1960, or 1,300 more than at present. By 1970, there would be an estimated 27,700 patients in the state hospitals.

TABLE 6

*Number of Admissions**
Massachusetts Department of Mental Health
12 Hospitals for the Mentally Ill
Fiscal Years 1948 to 1957

Fiscal Year	Number of Admissions		
	Male	Female	Total
1948	4,192	3,611	7,803
1949	4,160	3,583	7,743
1950	4,077	3,545	7,622
1951	3,948	3,625	7,573
1952	3,967	3,673	7,640
1953	4,174	3,872	8,046
1954	4,041	3,726	7,767
1955	4,181	3,686	7,867
1956	3,866	3,728	7,594
1957	4,297	3,892	8,189

* Excludes transfers and discharge-commitments.
SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

The number of retarded patients in the four state schools is also expected to continue to rise, because a fraction of the 100,000 babies born in Massachusetts each year will need hospital care. The Division of Research and Statistics has estimated that, given the current birth rate and incidence of mental retardation, by 1960 the Commonwealth will need 500 more beds for these patients, in addition to the building program now under way and by 1970 an additional 700 beds will be required. Thus, the Commonwealth needs 2,000 additional hospital beds to eliminate present overcrowding and 1,200 more beds to meet future needs at the state schools.

This estimate of future needs is based entirely on the existing programs for the care of patients. However, the Department of Mental Health is faced with growing responsibilities. It is estimated that from 11 to 20 per cent of all admissions to the state mental hospitals involve some degree of alcoholism.[3] Chapter 715 of the Acts of 1956 has made it possible for non-psychotic alcoholics and drug addicts to commit themselves voluntarily for 15 days to state hospitals. Other patients, such as sex offenders, will also require expanded programs of treatment and care.

The needs and functions of the hospitals probably will be somewhat different in the future. It is impossible to determine at this time how much the care and treatment of the alcoholic, the drug addict, and the sex offender will affect the size and composition of the hospital population. Therefore, the above-mentioned estimates are minimal. The problem of the sex offender will be discussed separately and in more detail in Chapter VI.

TABLE 7

*Number of Discharges**
Massachusetts Department of Mental Health
12 Hospitals for the Mentally Ill
Fiscal Years 1948 to 1957

Fiscal Year	Number of Discharges		
	Male	Female	Total
1948	3,817	3,365	7,182
1949	3,900	3,507	7,407
1950	4,106	3,441	7,547
1951	3,831	3,487	7,318
1952	3,819	3,698	7,517
1953	4,162	3,606	7,768
1954	3,945	3,711	7,656
1955	4,280	3,801	8,081
1956	4,187	4,186	8,373
1957	4,447	4,432	8,879

* Excludes transfers and discharge-commitments, and includes deaths.

SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

Since 1954, there has been a continuing decline in the total number of patients in the state hospitals for the mentally ill, despite rising admission rates. The number of patients in the 25 to 54 year age group has declined for several years, as a result of more intensive treatment, the use of tranquilizing drugs, and other factors.

[3] Memorandum from the Massachusetts Commissioner on Alcoholism to the Special Commission on Audit of State Needs, April 29, 1958.

The Department of Mental Health reported in 1956:

Such gains as have been made in recent years in staffing of the department's 12 hospitals for mental illnesses have been associated with a decline in the average daily census of patients occupying beds in these hospitals. The decrease occurred in spite of continuing large numbers of admissions of all age groups. This year the decline included female as well as male patients. The patients affected have been 25-54 years old. No previous decline of this kind is to be found in our records. . . .

The availability of more Veterans Administration facilities, improved employment opportunities in the community, increased efficiency of billing patients and their families, and the introduction of tranquilizing drugs (1955) are suspected of aiding the larger professional staffs in shortening the patients' length of stay in these hospitals. These staffs, however, are still too small by all standards.[4]

To summarize, space for an additional 2,000 beds and other facilities should be provided by 1960 to eliminate overcrowding of the present patients in the state hospitals and schools. If existing admission trends continue, beds will also have to be made available by 1970 for another 1,200 new patients at the state schools.

The alternative to large-scale additional hospital construction to eliminate overcrowding, as has been emphasized in Part I of this report, is to employ more personnel, in order to intensify the treatment of patients and to enable more of them to return to the community. Construction of more facilities for the retarded will be needed in any case.

TABLE 8

Discharges and Deaths Per 100 Cases During Year
Massachusetts Department of Mental Health
12 Hospitals for the Mentally Ill
Fiscal Years 1948 to 1957

Fiscal Year	Total Cases During Year	Discharge to Community During Year	Deaths During Year	Number per 100 Cases	
				Discharges	Deaths
1948	32,807	4,961	2,221	15.1	6.8
1949	33,277	5,183	2,224	15.6	6.7
1950	33,395	5,411	2,136	16.2	6.4
1951	33,347	5,058	2,260	15.2	6.8
1952	33,606	5,188	2,329	15.4	6.9
1953	34,131	5,551	2,217	16.3	6.5
1954	34,026	5,455	2,201	16.0	6.5
1955	34,024	5,719	2,362	16.8	6.9
1956	33,558	6,223	2,150	18.5	6.4
1957	33,217	6,737	2,142	20.3	6.4

SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

The Commissioner of Mental Health believes that in time another new hospital, similar to the Massachusetts Mental Health Center, should be established in the Greater Boston area. This hospital would serve as an Acute Psychiatric Treatment Center for intensive treatment immediately following hos-

[4] Massachusetts Department of Mental Health, "Annual Report, 1956." (Processed.)

pitalization, as well as for teaching and research. It would provide badly needed services in the Boston area, and enable the Commonwealth to take advantage of the resources of the Boston University and Tufts University Medical Schools.[5]

The Commissioner has also recommended that further study and consideration be given to the possibility of building a hospital for veterans with non-service-connected mental illness.[6]

2. Day Hospitals and Night Hospitals

Some patients are able to live at home for at least part of the day, but cannot work or assume the responsibility of running a home. Day hospital programs can greatly facilitate the recovery of such patients and at the same time reduce substantially the cost of their care. The Massachusetts Mental Health Center has recently established a Day Hospital and Metropolitan State Hospital provides such facilities for disturbed children. Other institutions throughout the state are also planning to establish Day Hospitals.

The value of Day Hospital programs has been described as follows:

> The therapeutically sound principle of maximum self-help for mental patients has led to another important, cost-saving development—the *day hospital.* The clinic patient usually needs an hour or less daily of the attention of the therapeutic team in order to sustain himself in the community while making his recovery. The regular mental hospital patient requires the resources of the hospital twenty-four hours a day for the duration of his stay there. A large number of patients, however, require more than the first and less than the second; the clinic is insufficient for them, the hospital on a full-time basis is wasteful.
>
> For these patients, the day hospital was devised. It provides for its patients all the services and resources of a mental hospital—but only for the eight hours or so of the ordinary working day. The patient thus has the full benefit of the hospital service by day and yet can remain, in his own eyes and those of others, a part of his community; he lives with his family and friends for two-thirds of his time.
>
> A major advantage of this procedure again is economic. Space can be used to better advantage where the requirement for beds is radically reduced. Professional staff, on a one-shift basis, can give specialized aid to more people when unnecessary care and custody are eliminated. The family and other community resources are properly used for the good of the patient. The Menninger Foundation and the New Jersey State Hospital day care units are reported to operate at one-third to one-fourth of full hospitalization costs.[7]

The Night Hospital is particularly suited to patients who are ready to take jobs before they are prepared to return to the community, and certain other patients who do not need full-time hospital care. Such patients often do not have families with whom they can live or have problems related to the home situation, and are better able to adjust to a job than to family living.

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[5] Ewalt, p. 14. Such a center was also strongly recommended by the Special Commission on Commitment, Care and Treatment of Mental Health Hospital Patients. See Commonwealth of Massachusetts, *Report of the Special Commission on the Commitment, Care and Treatment of Mental Health Hospital Patients,* Senate No. 700 of 1956, April 18, 1956, pp. 15-16.

[6] *Ibid.* See also Commonwealth of Massachusetts, *Special Report of the Department of Mental Health Relative to the Establishment of a Mental Hospital for the Care and Treatment of Veterans,* Senate No. 670 of 1957, March, 1957.

[7] Council of State Governments, *Training and Research . . .,* pp. 28-30.

Hospitals in urban areas are finding such plans very successful. Five state hospitals have already established Night Hospitals, and at least two more are planning to do so when funds become available.

Programs which enable patients to earn their living, or to return to their homes for part of each day, also speed their recovery. Day Hospitals and Night Hospitals require some administrative changes in hospital operations, but the results are well worth the effort.

At least as important as the economic gains are psychological and emotional ones. For properly selected patients, the importance of avoiding full hospitalization hardly can be overstated. A man who receives hospital care on a part-time basis, whether this be just for days or a few hours per week, who is still involved with family and friends in the ordinary affairs of life, need not feel, as many patients do, that he has been "put away," that "out of sight is out of mind," or that he is in the relatively helpless condition of an institutionalized person. Like the clinic patient, he has more reason to feel that he is using a part of each day to fit himself better for carrying on the job of a normal life. This continuous involvement in everyday life is highly important in weighing the likelihood of recovery or the alternative costs in suffering and money.[8]

3. The Care of Psychiatric Patients in General Medical and Surgical Hospitals

Until recently, patients with diagnosed mental illness have not been treated in general medical and surgical hospitals, but this practice is now being strongly encouraged by the American Psychiatric Association and other groups.[9] A number of general medical and surgical hospitals in Massachusetts now have psychiatric wards, including Massachusetts General Hospital, Boston City Hospital, St. Elizabeth's Hospital and St. Vincent Hospital in Worcester.

One reason for this development is the overcrowding of psychiatric hospitals throughout the nation. To avoid or reduce costs of building new hospitals, some states have made arrangements with general medical and surgical hospitals in the community for treatment of psychiatric patients, with the state paying for part or all of the hospitalization. Connecticut, Pennsylvania and New York now provide support for psychiatric units in private and public general hospitals.[10] The Franklin Square Hospital in Baltimore, Maryland, is using the plan extensively.

The development of new treatment techniques, especially the tranquilizing drugs, broader insurance coverage for psychiatric disorders, and more private practicing psychiatrists have increased the demand for admission of mental patients to general hospitals. Yet not more than 1% of the general hospitals in the United States have a psychiatric service.

Psychiatrists are partly to blame for this for not aggressively waging a more persuasive campaign in behalf of their cause and for being aloof and not cooperating with other medical specialists. On the other hand, most general hospitals refuse admittance to psychiatric patients or accept only neurotic or psychosomatic cases because they contend they lack the space, personnel and finances to set up a psychiatric division separate from the other special services. The few general hospitals without a special psychiatric unit which have

[8] *Ibid.*, p. 30.

[9] See American Psychiatric Association, Mental Hospital Service, *Standards for Hospitals and Clinics* (Washington, D. C. 1956), p. 25, also A. E. Bennett and Others, *The Practice of Psychiatry in General Hospitals* (Berkeley, 1956).

[10] Interstate Clearing House on Mental Health, Council of State Governments, *State Action in Mental Health, 1956-57* (Chicago, 1958), p. 6.

accepted psychiatric patients have shown that such a department is not absolutely necessary. . . .

This policy of open psychiatric treatment in a general hospital offers many advantages to the patient, the psychiatrist, the medical and nursing staff and the community. It removes the stigma from mental illness. It invites early treatment for all types of psychiatric ailments. This enhances the prospect of an earlier and more complete remission. It reduces the cost of psychiatric care and spares many individuals the tragedy of years lost in a state institution. . . .

A marked change in the attitude of the non-professional hospital personnel towards psychiatry and the psychiatric patient has resulted from this program. It is quite different from their former concepts derived from movies, television and distorted lay literature. Like the nurses, the non-professional personnel have carried their new knowledge outside the hospital to mold public opinion more favorably. . . .

The operation of this program has not required additional bed capacity, hospital personnel or a higher hospital budget. In fact, it has paid its own way since most of the patients have been covered by Blue Cross or commercial insurance which now pay for a minimum of 21 days hospitalization for psychiatric treatment. Even without insurance patients are more than willing to pay for psychiatric treatment in a general hospital because of what it means to them.[11]

The experience at the Franklin Square Hospital is not unique. Similar results were reported from an experiment lasting a year and one half at a 400-bed general hospital serving the needs of military personnel and their dependents, the 5005th USAF Hospital at Elmendorf Air Force Base, Alaska. The author found that the care of female psychiatric patients on an open medical and surgical ward "proved to have distinct advantages over the more customary manner of dealing with the psychiatric patient. . . . The chief advantage of this arrangement is that the psychiatric patients who are a minority on the ward receive considerable attention from patients who are emotionally more healthy than they. In other words, they find themselves in a 'normal' environment and seem to benefit from the fact that they are in contact with essentially well people. They tend to learn their ways and follow their example." The author found that the psychiatric patients do not learn psychotic mannerisms from the other patients, as they are apt to in a state hospital, but manage to sustain their defenses. "In this way the psychotic process that is beginning to erupt is often isolated and 'quarantined' before it has had a chance to spread and involve all levels of the personality." Indeed, the author states, "the interaction of patients with one another appears to be a very significant variable in the trend toward recovery."

It was found that in such a ward psychiatric patients tend to become "just patients" to themselves, other patients, and even to the nursing staff. The stigma of being mentally ill is attenuated, if not lost. Patients, no longer considering hospitalization a sign of personal failure, can enjoy the full benefit of their hospitalization and may regard it "as an opportunity to withdraw temporarily from a disturbing life situation, to rest and to reconstitute more stable defenses as well as to obtain specific treatment." The author evaluates the care of female psychiatric patients on an open medical and surgical ward in the following manner:

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[11] Frank J. Ayd, Jr., M.D. (Chief of Psychiatry, Franklin Square Hospital), "Putting Psychiatry Back into Medicine." Speech presented at the divisional meeting of the American Psychiatric Association, New York, 1957.

The main advantage is that the patient is removed from the stresses of a specific life situation and placed in a permissive environment where she establishes a relationship with a number of persons, her fellow patients, who are fairly well integrated. The disadvantages of this plan are very few and apply primarily to the most disturbed patients, who may become a disruptive influence on an open ward. In a surprising number of cases, however, they too can be treated in such a setting.[12]

The state of Connecticut has begun to aid programs for psychiatric care in general hospitals, on a state-wide basis:

> Any general hospital in this State may apply to the State Department of Mental Health for funds to be used to establish or maintain a psychiatric service. Said Department shall grant such funds to any such hospital provided the plans for such psychiatric service shall be approved by said Department.[13]

Many hospitals in Massachusetts are now engaged in raising funds for new or expanded facilities. Such hospitals would be more likely to include in their plans facilities for patients needing psychiatric care if the Commonwealth were to develop a program under which state funds were made available for reimbursement of general hospitals that cared for psychiatric patients.

It is impossible to estimate the long-run savings to the state, but there would be substantial benefits to the patient in earlier hospitalization and treatment, absence of the stigma of being in a "mental institution," closer contact with relatives and community, and a much easier and more convenient plan for patient follow-up.

4. Outpatient Care

The responsibility of the Commonwealth does not end with the discharge of the patient from the state hospital. About 40 per cent of the 14,850 persons who were seen in the various outpatient departments in 1957 had previously been treated in the state hospitals.[14]

Adequate follow-up services are an essential part of a mental health program, since they assist the former patient to readjust to the community and make it less likely that he will have to be rehospitalized at a later time. Such services should begin before the patient leaves the hospital. A social service worker should meet the family of the patient and assist them in helping the patient to readjust to the home and community. The social service worker should also make visits to the patient in his home after his release, and if necessary refer him to community organizations for additional assistance.

Some hospitals have follow-up clinics that provide psychotherapy for discharged patients, either at the hospital or in areas more conveniently located for the patients. An example is the clinic that Westborough State Hospital operates on a part-time basis in Cambridge.

Recently, the Massachusetts Rehabilitation Commission and the Division of Employment Security have been working with the state hospitals to provide job counseling and training for patients soon to be released. Such programs should be encouraged.

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[12] Pietro Castelnuovo-Tedesco, M.D. (formerly, chief, Neuro-psychiatric Service, 5005th USAF Hospital, Elmendorf Air Force Base, Alaska), "Care of Female Psychiatric Patients, Including the Acutely Disturbed, On an Open Medical and Surgical Ward," *New England Journal of Medicine*, 257 (October 17, 1957), pp. 748-752.

[13] General Assembly of Connecticut, Public Act 59, 1957.

[14] Ewalt, p. 27.

TABLE 9

Total Cases During Year
Massachusetts Department of Mental Health
12 Hospitals for the Mentally Ill
Fiscal Years 1948 to 1957

Fiscal Year	Cases on Books at End of Year	Discharges to Community During Year	Discharges to VA and Other Mental Institutions During Year	Total Discharges During Year (b) + (c)	Deaths During Year	Total Cases During Year (a) + (d) + (e)
	(a)	(b)	(c)	(d)	(e)	(f)
1948	25,434	4,961	191	5,152	2,221	32,807
1949	25,707	5,183	163	5,346	2,224	33,277
1950	25,730	5,411	118	5,529	2,136	33,395
1951	25,920	5,058	109	5,167	2,260	33,347
1952	26,008	5,188	81	5,269	2,329	33,606
1953	26,231	5,551	132	5,683	2,217	34,131
1954	25,936	5,455	434	5,889	2,201	34,026
1955	25,629	5,719	314	6,033	2,362	34,024
1956	24,898	6,223	287	6,510	2,150	33,558
1957	24,105	6,737	233	6,970	2,142	33,217

SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

In addition to the outpatient centers organized and maintained by the Division of Mental Hygiene, the Department of Mental Health provides some outpatient facilities for adults who are not former patients. It was estimated by the Department of Mental Health in 1951 that Massachusetts had saved at least $551,000 in hospitalization costs that year through the operation of the Southard Clinic at the Massachusetts Mental Health Center.

Similar clinics are operated by Boston State Hospital (Briggs Clinic), Worcester State Hospital, Westborough State Hospital (Psychosomatic Clinic at Framingham Union Hospital), and the Psychiatric Clinic at the Newton-Wellesley Hospital staffed by the Medfield State Hospital. Only the Southard and Briggs Clinics are full-time operations. There is a need for increased hospital staff in order to maintain the other clinics and for the establishment of such clinics by other state hospitals. At present, there are waiting lists at all such clinics, and some patients must wait more than a year for treatment.

The work of the Division of Mental Hygiene with disturbed children and their families is described in Chapter IV.

Recommendations

1. The Commonwealth should employ additional trained personnel, and more adequately support intensive treatment programs, in order to relieve the present overcrowding of our state institutions and to provide for the additional patients who must be treated in coming years.

2. The Commonwealth should give serious consideration to the proposal of the Commissioner of Mental Health that a new hospital, similar to the Massachusetts Mental Health Center, be constructed in the Boston area.

3. Programs for Day Hospitals and Night Hospitals should be developed as rapidly and extensively as possible, because of their obvious economic and humanitarian advantages to a responsible and enlightened community.

4. The Governor should appoint a special commission to develop a plan for reimbursement of general medical and surgical hospitals for the care of psychiatric patients. This Commission should include representatives of the Department of Mental Health, the Division of Hospital Costs and Finances and other interested state agencies; representatives of public, non-profit and proprietary general medical and surgical hospitals, and others.

5. The follow-up programs of the Department of Mental Health should be expanded in order to help more patients to make a satisfactory readjustment to the community.

CHAPTER III

Care and Education of the Retarded

1. The Work of the Department of Mental Health

The care of the mentally retarded is an important responsibility of the Department of Mental Health. The Department operates four schools for the retarded: the Walter E. Fernald School at Waverly, the Myles Standish School at Taunton, and the schools at Belchertown and Wrentham. In all, these schools care for from 7,100 to 7,900 children and adults. Bed occupancy varies with the time of the year. Only a small proportion of the mentally retarded in the Commonwealth are in the state hospital-schools. Those not in the state schools are being cared for at home, or, in a few cases, in private institutions.

The National Association for Retarded Children estimates that about three per cent of all children have intelligence scores of less than 73, and a fraction of this group requires institutional care. More than 100,000 babies are born in the Commonwealth each year, and approximately the same percentage of them may be expected to be retarded to some degree.

TABLE 10

*Number of Admissions**
Massachusetts Department of Mental Health
Four Hospital-Schools for the Mentally Retarded
Fiscal Years 1948 to 1957

Fiscal Year	Number of Admissions		
	Male	Female	Total
1948	259	220	479
1949	291	209	500
1950	293	223	516
1951	166	159	325
1952	230	207	437
1953	396	276	672
1954	533	421	954
1955	396	306	702
1956	296	260	556
1957	313	240	553

*Admissions from other mental hospitals excluded.
SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

As shown in Figure 1, the number of admissions to schools for the retarded has tended to rise sharply as the number of births has increased. Since 1935 there has been a substantial change in the age of admissions. During 1955 the proportion of admissions under five years of age was 30.8 per cent, which is more than twice the proportion in 1935. As of June, 1958, there was still a waiting list of about 1,185 persons seeking admission, who cannot be provided for within the current building program of the Department.

The retarded children and adults now in the state schools are very seriously retarded mentally and in many cases have severe physical defects as well. While the Intelligence Quotient, or score of intelligence tests, is only a partial and somewhat arbitrary indication of the extent of the impairment of function, it

should be noted that since 1935 the percentage of the patients in these schools who have low scores has increased substantially.

TABLE 11

Impairment of Function in Intelligence Test Patients at End of Year in Massachusetts Department of Mental Health Hospital-Schools for the Mentally Retarded 1935, 1945 and 1955

Impairment of Function	IQ Range	Patients in Hospital-Schools at End of Year 1935	1945	1955
Extreme	Under .20	13.9%	17.9%	19.7%
Severe	.20-.49	43.3	48.0	51.2
Moderate	.50-.69	35.4	29.2	24.4
None or Mild	.70 or More	7.4	4.9	4.7
Total Per Cent		100.0%	100.0%	100.0%
Number		5,009	5,031	7,000

SOURCE: Massachusetts Department of Mental Health, "Annual Report for the year ending June 30, 1955" (Boston, 1955), Table 38. (Mimeographed.)

As the above table shows, in 1935 only 57.2 per cent or 2,865 patients were classified as extremely or severely retarded. By 1955, 70.9 per cent or 4,963 patients were extremely or severely retarded, a substantial relative and absolute increase over 1935. Under the recent conditions of high employment, many of the moderately retarded who could make a social adjustment have remained in the community. When the percentage of only moderately retarded students was higher, relatively fewer personnel were needed in the state schools, as these moderately retarded persons were not only able to take care of their own basic needs but were able to perform simple tasks in the institution.

The introduction of antibiotics and improvements in medical care have also contributed to the increase in the number of extremely and severely retarded students in the state schools, by increasing the longevity of the school population. Severely retarded persons, who before the introduction of antibiotics had a life expectancy of not more than 20 years or so, may now live to be 50 or 60. This has resulted in a substantial increase in the number of older persons in the school population.

The following figures on the age distribution of patients in the state schools, as of June 30, 1956, show that 58.9 per cent of all patients in the schools were 20 years of age or over.

One way to care for some of the less severely retarded is through the establishment of "colonies" for those retarded who are able to care for themselves to some extent and to perform simple kinds of labor. The Templeton Colony at the Walter E. Fernald School, begun in 1900, is a 2,500 acre farm colony. Over 300 patients live in its four cottages, and there are 48 supervisory personnel. These patients, while not classified as "educable," require minimum supervision and are sufficiently advanced to be able to work on the farm. Other states also have experimented very successfully with colony and similar methods of care of the retarded. However, the operation of a colony or a cottage-type facility is more expensive than institutional care.

TABLE 12

Age Distribution of Patients in Massachusetts Department of Mental Health Hospital-Schools for the Mentally Retarded As of June 30, 1956

Age in Years	Number of Patients	Per Cent	
Less than 1	45	0.6	
1-4	239	3.0	
5-9	746	9.4	41.1%
10-14	1,074	13.5	
15-19	1,155	14.6	
20-24	930	11.7	
25-29	710	8.9	
30-34	639	8.0	
35-39	562	7.1	
40-44	447	5.6	
45-49	410	5.2	58.9%
50-54	349	4.4	
55-59	260	3.3	
60-64	176	2.2	
65-69	125	1.6	
70 and over	71	0.9	
Total	7,938	100.0	

SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

A great many retarded patients are unable to participate in this type of program. Mental retardation is often associated with physical handicaps as well as a pronounced susceptibility to diseases. Approximately 40 per cent of all patients in the state schools either are permanent bed patients or require special nursing care because of a variety of physical handicaps.[1] Many of these patients are adults who are so underdeveloped that they have never walked, fed themselves, or been toilet-trained.

The Division of Research and Statistics of the Department of Mental Health estimates that, with the current number of births and the incidence of mental retardation, and the present waiting list for admission, the Commonwealth will need at least 500 more beds at the state schools by 1960 and an additional 700 by 1970. With the exception of the Myles Standish State School, opened in 1946, the schools require extensive repairs; for example, the Fernald School requires an addition to the Laundry Building, and the Wrentham State School needs a new Nursery Building.

According to the Department, 401 new personnel are needed at the four state schools. This figure includes provision for 30 student Licensed Practical Nurses for the new facilities at the Myles Standish State School. The increased use of tranquilizing drugs and a growing need for medical, surgical, educational and psychological consultants, also mean that additional funds will be needed for the schools.

Under Chapter 594 of the Acts of 1957, a program is being developed at the schools for day occupational training of retarded children not resident at the

[1] Data furnished by the Division of Research and Statistics of the Massachusetts Department of Mental Health.

schools. Funds have been made available for personnel, but space and facilities will be needed to expand the program, which trains many retarded persons in work which they are capable of doing. The Department's objective is to enable these retarded children to take their places in society.

The Division of Mental Hygiene, under Chapter 608 of the Acts of 1957, was authorized to establish pre-school community centers, or day nurseries for retarded children. A relatively small appropriation, about $150,000 for the fiscal year 1958, was made available for the day center program. Centers have been opened in Boston, Brockton, Cambridge, Concord, East Weymouth, Fitchburg, Gardner, Lowell, Natick, Needham, Springfield, Swampscott, Wakefield, and Worcester. The Department believes that additional centers will be needed.[2]

The day center program has attracted a great deal of favorable attention. It is operated in cooperation with the Massachusetts Association for Retarded Children, a private group which has used its own funds in the development of this work. The centers have helped prepare the children for the special education program of the Department of Education, operated for school-age children who are retarded but capable of a degree of learning.

In 1958, the Special Commission Established to Make an Investigation and Study Relative to Training Facilities Available for Retarded Children, recommended the establishment of day recreational programs at the state schools, for retarded children who do not live at the schools. To implement this recommendation, 11 additional personnel would be needed at the four schools.[3]

In its plans for expansion of the state schools the Department gives special attention to the need for additional nurseries for infants, and to the possibility of constructing cottage-type "halfway houses." Nursery buildings are needed because of the growing tendency to recommend the early institutionalization of retarded children, a subject about which there is still considerable professional

TABLE 13

*Number of Discharges**
Massachusetts Department of Mental Health
Four Hospital-Schools for the Mentally Retarded
Fiscal Years 1948 to 1957

Fiscal Year	Number of Discharges		
	Male	Female	Total
1948	167	170	337
1949	150	148	298
1950	144	171	315
1951	104	126	230
1952	158	185	343
1953	186	168	354
1954	208	230	438
1955	195	221	416
1956	142	191	333
1957	186	207	393

* Excludes discharges to other mental hospitals, and includes deaths.
SOURCE: Division of Research and Statistics of the Massachusetts Department of Mental Health.

[2] Ewalt, p. 26.
[3] Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 2795 of 1958, January, 1958, Appendix C.

controversy.[4] A nursery program would require a large number of doctors and nurses to care for the very young children.

"Halfway houses" are used to bridge the gap between institutional living and return to the community for those retarded children for whom there is a reasonable hope of discharge from the institution. At the Mansfield State Training School in Connecticut, extensive use has been made of cottage-type "halfway house" facilities where retarded children, some of whom have never been part of a family or a community, may grow more accustomed to the kind of living conditions they will face in the outside world.[5] Such facilities are not only much more expensive to build, but also require many more supervisory personnel to look after the children. The Department of Mental Health has included recommendations for some facilities of this type in its requests for funds for capital outlay for the next five years.

The Division of Mental Hygiene of the Department evaluates retarded children for possible placement in state schools or special classes in the regular schools. The Division also helps families to keep the less retarded children in the community.

Research is being conducted on the causes of mental retardation by the Massachusetts General Hospital in collaboration with the Department of Mental Health, using federal and private funds. The National Association for Retarded Children, the American Association on Mental Deficiency, and many other private groups are also carrying on such research. For example, His Excellency, Archbishop Richard J. Cushing, has recently helped in the establishment of two centers in Boston for research in this field. The Boston Lying-In Hospital is one of 13 institutions in the nation receiving a total of $2.5 million for similar research work.

The Commonwealth should most certainly follow the example of the federal government and private organizations, and support research on this difficult and tragic problem. This subject is discussed more fully in Chapter IX.

Recommendations

1. Facilities and personnel for the care of the mentally retarded in state schools and day centers must be increased, as needed.

2. The day occupational training programs at the state schools should be expanded.

3. The Department of Mental Health should consider the further development of colonies like the Templeton Colony and cottage-type "halfway houses."

4. Research in the field of mental retardation should be continued and encouraged by the Commonwealth, preferably in relation to the new Psychiatric Research Institute discussed in Chapter IX of this report.

2. The Work of the Department of Education

Massachusetts has been a leader in programs for the education and training of mentally retarded children. The first class for the retarded was established in 1898 by the city of Boston.

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[4] See, for example, Malcolm J. Farrell, M.D., "The Adverse Effects of Early Institutionalization on Mentally Subnormal Children," *A. M. A. Journal of Diseases of Children*, XCI (March, 1956), pp. 278-81.

[5] See Connecticut, Mansfield State Training School and Hospital, *Information Booklet* (Mansfield Depot, Connecticut, n.d.)

The Division of Special Education of the Department of Education was established by Chapter 514 of the Acts of 1954. The Division establishes and supervises special classes for students with Intelligence Quotients of 79 or less.[6] In the fiscal year 1957, there were in the program 8,091 "educable" children with I.Q.'s between 50 and 79, and 853 "trainable" children with I.Q.'s between 20 and 49. There were 152 communities participating in the program, and a total of 639 classes were organized.

The curriculum for the educable retarded includes development of language skills, arithmetic, social studies, health and personal care, and appreciation of the arts. There is at the same time training in the industrial arts and crafts.

Great advances have been made in recent years in job placement for these students. In several communities local employers have established on-the-job-training programs for special class students. It has been found that there are many types of suitable jobs available for the older children.[7]

In order to ascertain the number of children who might benefit from special classes, a reporting system has been worked out by the Department of Education. Certain statistics must be reported by the cities and towns to the Department each year. Included among these statistics are data about the number of children in the city or town with I.Q.'s of 79 or lower. Intelligence tests must be conducted every two years.

According to the law, a special class must be established in the city or town if there are as many as five children who have Intelligence Quotients of 79 or lower. The Supervisor for the Division of Special Education in the district will meet with the local school superintendent and the school board, and advise them on the facilities which must be provided. The children in question must be retested by a qualified school psychologist whom the Division may help the city or town to obtain.

The teachers of special classes must be certified by the Division of Special Education. Because of the shortage of trained special class teachers, a certain number of experienced teachers are given provisional certification by the Division and allowed three years in which to take courses to meet certification requirements. Fitchburg State Teachers College has had a training program for special class teachers since 1953-54. This program has been most successful and has trained many special class teachers for the communities and the state schools. In August, 1957, under Chapter 692 of the Acts of 1957, a scholarship plan was established at Fitchburg State Teachers College for students who are specializing in this type of education.

The state pays one half of the cost of operating the special class, plus $500 of the special class teacher's salary. In the calendar year 1957, the Division of Special Education reimbursed communities for expenditures of nearly $2 million. This included reimbursement for salary differentials for teachers. The April, 1957, report of the Special Commission Established to Make an Investigation and Study Relative to Training Facilities Available for Retarded Children estimated that the annual cost to the state for reimbursement for a child in a special class averaged $175.80. At the same time, the Commission noted that the cost to the state of institutionalizing a mentally retarded person is approximately $1,250 per year.

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[6] The Division also supervises programs for the education of blind and partially seeing, deaf, aphasic, and physically handicapped children.

[7] The Massachusetts Rehabilitation Commission provides services of evaluation, counseling, training and placement for disabled persons, and has assisted wherever possible in the guidance, training, and placement of the retarded. See Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 3188 of 1957, April, 1957, pp. 36-37.

The Division of Special Education now has a staff of six working with the mentally retarded: a director, a senior supervisor, and four supervisors. The director has requested four more positions in order to expand the program. One new staff member would handle the accounts for reimbursements to the local communities, and a second would be a senior supervisor specializing in research and in the development of programs for the guidance, job placement, and follow-up of retarded persons. A third would work with retarded children with speech disorders, and the fourth would direct classes for trainable children. Three additional positions have been granted to the Division for the fiscal year 1958-59.

Chapter 69, section 29A, of the General Laws requires the inspection of all special classes by the supervisors. They also must make frequent trips to Boston for conferences, meetings and consultations. If the new personnel requested for the Division are to work effectively, there must also be a small increase in the Division's travel allowances.

The new program perhaps most needed is one to improve the guidance, job placement and follow-up services for these children. Research is also needed on the kinds of work which these children can do most satisfactorily. Such a program would contribute to community understanding and would be community education in the very best sense.

The Director of the Division of Special Education believes that special day classes providing vocational training should be established for the retarded over age 16 who live in areas not accessible to the state schools. While the local governments educate these children up to the age of 16, they do not provide training beyond this age. The 1957 report of the Special Commission Established to Make an Investigation and Study Relative to Training Facilities Available for Retarded Children recommended that such classes be established. All costs would be borne by the Commonwealth.[8]

Mention should be made here of the work of this Special Commission, which has provided an unusual example of effective cooperation over a long period by state officials, legislators and private citizens. This Commission was established in October of 1952, and the members have served continuously since that time.[9] The Commission has done much of the basic research and planning leading to more adequate programs for the retarded in Massachusetts. Among the accomplishments which have stemmed from this Commission's work are the establishment of the Division of Special Education, the establishment of scholarships for special class teachers at Fitchburg State Teachers College, and the Commission's proposal for state support for locally-operated recreation programs. The Commission has also made many proposals for strengthening and expanding the Division of Special Education, and the expansion of services at the state schools.

The Special Commission is particularly interested in raising the grade and salary of the Director of the Division of Special Education, in order to place this position on the same level as the other Division Directors in the Department of Education. The Special Commission has also urged the establishment of local recreation programs for retarded children. The programs would be under the direction of the Division of Special Education, and the Commonwealth would pay 50 per cent of the cost, as in the case of education of the

[8] *Ibid.*, Appendix H.

[9] The members of the Commission are Senator Philip G. Bowker of Brookline, Representative Meyer Pressman of Chelsea, Dr. Philip G. Cashman, Director of the Division of Special Education of the Department of Education, Dr. Malcolm J. Farrell, Superintendent of the Walter E. Fernald State School, Mrs. David Hurwitz of Brookline, representing the Massachusetts Association for Retarded Children, Miss Helen F. Freeman of Dorchester, representing the Massachusetts Special Class Teachers Association, and Joseph D. Ward of Fitchburg.

retarded. The January 1958 report of the Commission noted that at present only Boston and Fitchburg are conducting such a year-round program, despite the special value of supervised recreation to the retarded.[10] Needham now is planning to conduct a year-round program.

Such a program was recommended by the Commission in its 1958 report, and similar legislation was recommended by Governor Foster Furcolo in his 1958 Inaugural Message.[11]

The January 1958 report of the Commission also indicated a special concern with the problem of the "defective delinquent," the retarded child who is a juvenile delinquent and in some cases is mentally disturbed as well. Such children sometimes are assigned to the state schools, where they present special problems, and sometimes to the Massachusetts Correctional Institution at Bridgewater, which also houses alcoholics and criminally insane persons. The Commission's report urged that modern, adequate facilities be constructed immediately in order to provide for these children.[12]

The proper care of defective delinquents would also require a reception center or centers, for testing, classification, and some treatment of these children. The proposal to establish such a center for all offenders except the criminally insane is discussed in Chapter VI.

Recommendations

1. The Division of Special Education in the Department of Education should be granted any additional funds necessary to develop a more extensive program of research, guidance, and placement, and to provide more adequate travel allowances for members of the Division. Consideration should be given to raising the grade and salary of the Director of the Division.

2. Consideration should also be given to the proposals for the establishment of vocational training programs for retarded children over 16 years of age, and for the development of recreation programs for retarded children by cities and towns with state aid.

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[10] Commonwealth of Massachusetts, *Report of Special Commission . . . for Retarded Children,* House of Representatives No. 2795 of 1958, January 1958, p. 16.

[11] See House of Representatives No. 2800 of 1958, a bill relative to recreational programs for physically handicapped and mentally retarded persons.

[12] Commonwealth of Massachusetts, *Report of Special Commission . . . for Retarded Children,* House of Representatives No. 2795 of 1958, p. 20.

CHAPTER IV

The Division of Mental Hygiene: Preventive Care and the Community Mental Health Program

1. Introduction

One of the most rapidly expanding and important programs of the Department of Mental Health is that of the Division of Mental Hygiene, which has responsibility for community mental health education and the outpatient treatment of disturbed children. The program of the Division of Mental Hygiene places special emphasis on mental health education and the prevention of mental illness.[1]

At present, the Division provides the professional staffs for 15 area mental health centers throughout the Commonwealth. Other locations are being considered for centers, including Fall River, New Bedford, and Taunton. Only about 52 per cent of the population of the state is served by the centers. To meet generally accepted standards, ultimately at least 50 centers should be established, of which 23 to 25 should be located in the Greater Boston area.[2]

The area mental health center works with the local mental health association to promote mental health and the early treatment of emotional disturbances in children through a three-fold program of clinical services, mental health consultation and mental health education.

The work of the Division has received relatively limited financial support. Less than two per cent of the entire 1957 budget of the Department of Mental Health was appropriated for this program. Because of the limited funds and staff available, the Division has given its primary attention to the provision of diagnostic and treatment services for children with emotional problems, and for members of their families. For the year ending June 30, 1957, the area mental health centers served 3,258 patients and carried 600 patients in psychiatric treatment consisting of interviews with children and parents. There were 3,390 individual consultations with teachers and health and social agency workers, and 587 group consultations with professional and civic groups.[3]

Centers for adults are now being established by the Division of Mental Hygiene in Springfield and Lawrence. It may be possible in the future to provide the existing centers for children with affiliated centers for adults as well.

2. The Establishment of an Area Mental Health Center

The community must take the initiative in the development of a local mental health program. Individuals from the community request the assistance of the Division of Mental Hygiene in developing a mental health center, and assume the leadership in establishing a local mental health association. The Division of Mental Hygiene makes available to such communities, at their request, the services of its Community Organization Section. Under Chapter 124 of the

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[1] The role of private organizations, such as the Massachusetts Association for Mental Health and the Massachusetts Association for Retarded Children, in community mental health education is discussed in Appendix D.

[2] Ewalt, pp. 19-20. Other outpatient programs are operated at several of the state hospitals. These programs are described in Chapter II.

[3] Data furnished by the Division of Mental Hygiene of the Massachusetts Department of Mental Health.

Acts of 1958, city and town governments are authorized to provide facilities and appropriate funds for the establishment and maintenance of these centers.

Once organized, the local mental health association is responsible for providing funds for the physical quarters of the mental health center, clerical help, and operating expenses. In addition, the association assumes the major responsibility for over-all policy-making, for a substantial part of the daily administration of the center, and for the development of a mental health education program in the area.

The other partner is the Division of Mental Hygiene, which provides the professional staff to the area mental health center. This staff is composed of a basic clinic team: a child psychiatrist, who is also the director of the center, a psychiatric social worker, a clinical psychologist, and a mental health consultant. By direct supervision of the professional personnel, the Division maintains the professional standards of the center.

3. Services of the Area Mental Health Center

The area mental health center, in cooperation with the local mental health association, provides three basic services to promote community mental health: clinical services, mental health consultation, and mental health education.

a. Clinical Services

The clinical study and treatment of children with emotional difficulties, and casework services to their families, represent the special contribution of the mental health center to the health and medical resources of the community.

The clinical services of the area mental health center are available to preschool and school-age children and their families. A child who requires clinical diagnosis or study may be referred from any number of sources, including parents, teachers and other school personnel, physicians, ministers, social agencies, and others. At the center a study of the child is made on the basis of an examination by the psychiatrist, tests by the psychologist, and interviews by the psychiatric social worker with the parents. The staff discuss their findings with the parents, and a course of treatment is suggested. If the child requires psychiatric treatment as an outpatient, he will receive it at the center. At the same time, one or both of his parents are seen regularly by the social worker.

As important as clinical services are to the community mental health program, it is impossible to provide treatment for all who need help because of the lack of facilities and trained personnel. As the Commissioner of Mental Health has said, the community mental health program is trying "to build into the community people with resilience so that they can cope with their stresses without becoming ill." It is in this context that the other two functions of the mental health center—mental health consultation and mental health education —take on special significance.

b. Mental Health Consultation Services

Mental health consultation services are an important part of the community mental health program. The mental health consultant at the area mental health center counsels persons in the community who work with children, such as educators and other school personnel, physicians, nurses, members of the clergy, recreation workers, and social service and court personnel. These people are all encouraged to ask the mental health consultant for help in dealing with adjustment problems of children. By treating such problems early enough, there is a chance of preventing the development of more serious emotional disturbances

later. The consultant will meet regularly with interested individuals or groups to discuss the children's problems, and to help individuals or groups to manage the problems of children who do not require intensive study or treatment.

The mental health consultant works extensively in the school system. A teacher who discusses a child's problem with the mental health consultant may acquire a greater understanding of what is behind the child's behavior and how to help him. Through these consultations the teacher learns a great deal about human behavior and human needs which will be useful in other situations as well. The teacher becomes alert to "danger signals" in children, and, understanding them, knows better how to respond to them. Often, as a result of meetings with the mental health consultant, the teacher is later able to manage certain problems without outside help.

Consultation is not limited to children who appear to be acutely disturbed. A consultant may be called upon for advice on what should be done to foster the maximum growth and development of a child who does not appear to be functioning to his fullest intellectual or social potentiality.

c. Mental Health Education

Mental health education consists of two phases: explaining to the public existing mental health programs, their proper utilization, and the additional needs in the field; and efforts toward the prevention of emotional disturbances and mental illness.

A major activity of the mental health education program is informing the public of the services of the mental health center, emphasizing the consultation service as the key to a preventive program in mental health. Effort is made to enlist public support for the association, essential if the association is to carry out its obligations. An explanation of available services is also presented, so that the public may make the most constructive possible use of the mental health center. Professional staff members serve as speakers at public meetings arranged by the local mental health association and as discussion leaders in meetings and seminars with groups who work with children.

The professional staff members participate in many meetings in the community, at which they discuss normal aspects of growth and development of children, as well as particular emotional problems. The most popular kind of meeting consists of the showing of a mental health film from the film library of the Division of Mental Hygiene, followed by a discussion period. This activity has helped to promote in lay audiences an increased awareness of problems related to child development. In addition, these programs acquaint the group with the nature of the mental health center, and how it can be used most effectively in preventing the growth of emotional disturbance. These programs may also result in requests for series of meetings for more comprehensive exploration and discussion of a particular problem in which the group is interested.

The Mental Health Education Section of the Division of Mental Hygiene assists the local mental health associations and the mental health center staffs in their educational programs. In addition to films on mental health, it supplies pamphlets on various aspects of children's behavior and a brochure which interprets the program to the public at large. On request, the Division provides local mental health associations with materials which may be used in local newspapers to inform the community of the program, attract new members to the association, and, in general, develop community interest in and support of the mental health center. The Division publishes a monthly *News Bulletin* which reports on developments in the field of mental health in Massachusetts and throughout the country.

As mental health associations develop an enlarged and more informed membership, it is expected that they will begin to work to inform the community of the additional needs in the field of mental health. The establishment of a mental health center is not a guarantee that all children in need of treatment will receive it. There may never be enough mental health centers or enough psychiatric personnel to meet all needs. In addition, there are other services which also contribute to the over-all well-being of a community and which are essential to such well-being. As problems within the community become evident to mental health center personnel and to the local mental health association, it will be an important task of the center and the association to stimulate the interest and action required to achieve measures to meet these problems. In Needham, for example, the work of the mental health center has been related closely to the activities of the local board of health. This is a development which should be given careful consideration by other communities.

4. Other Programs of the Division of Mental Hygiene

In addition to its responsibility for the development of community mental health programs, described above, the Division of Mental Hygiene administers several other programs.

a. Training

The Division trains its own psychiatric personnel in community mental health practices and techniques, providing in-service programs for clinical psychologists, psychiatric social workers, and psychiatrists. Emphasis is on mental health consultation, community organization, and the public health aspects of mental health. The directors of the mental health centers attend a special seminar for the discussion of particular administrative and clinical problems which may arise in the mental health centers. Consultation and supervision of the professional staff of the centers are provided through individual interviews, group meetings, and workshop sessions.

At present, the Division is also carrying on a special training program in western Massachusetts, developing field training programs for clinical workers and special training programs for school psychologists, school adjustment counselors, social workers, and public health nurses.

b. Administration and Supervision of Special Programs

The inpatient care and treatment program at the Children's Unit of the Metropolitan State Hospital is a part of the work of the Division of Mental Hygiene. This program includes clinical services, professional training, and research.

The Division of Mental Hygiene also administers the Day Hospital Program for psychotic children at the Children's Unit of the Metropolitan State Hospital. The purpose of this project, which is financed by a grant from the National Institute of Mental Health, is to test over a three-year period the therapeutic effectiveness and usefulness to the community of a day hospital program for certain psychotic children, and to establish a setting in which significant clinical research can be developed.

In July, 1957, the Division of Mental Hygiene initiated a nursery center program for pre-school retarded children between three and six years of age. Professional supervision of the personnel at the centers is the responsibility of the Division.

c. Research

The Division of Mental Hygiene is engaged in several research projects, including the development of screening and case-finding techniques, methods of evaluation, and the development of a new statistical record-keeping system.

5. Needs of the Division of Mental Hygiene

In order to carry out its responsibilities, the Division of Mental Hygiene needs additional funds. Such funds would permit the Division to establish area mental health centers in many additional communities. Funds are needed for psychiatric teams which the state must provide at these centers.

Increased funds would also make possible higher salaries for professional persons already working for the Division of Mental Hygiene. There is a great shortage of trained professional personnel. The salary scale in Massachusetts is not high enough to attract people into this program, or to retain them. This makes the problem of recruitment a difficult one. In addition, increased funds would enable the Division of Mental Hygiene to carry on more extensive research projects.

Recommendations

1. Funds for the Division of Mental Hygiene should be increased, so that the Division can carry on more effectively its clinical services, consultation, mental health education and research.

2. When it is practicable, additional outpatient services should be provided not only for disturbed children and their families, but for other adults as well.

CHAPTER V

Facilities and Programs for the Aged

State facilities and services for the aged are considered only very briefly in this report, because the Special Commission on Audit of State Needs is preparing an extensive separate study on the needs of this group.

In the past 50 years the population in the United States age 65 and older has tripled. In the country's mental institutions, the population 65 years of age and over has increased nine times.[1] Forty-four per cent of all patients in the state mental hospitals in Massachusetts are 60 years of age or older, and 34 per cent are 65 years of age and over. About half of the patients over 60 years of age now in our hospitals suffer from chronic mental illness and have grown old in the institutions. The rest are truly "geriatric" patients, having been admitted to the hospital late in life.

Massachusetts has a proportionately large number and percentage of older people, in comparison to the nation as a whole. For example, Massachusetts now ranks fourth among the states in the percentage of people age 60 and older, and second in the percentage of people 50 years of age and over. The Commonwealth also has the third highest median age. About 500,000 people, or over ten per cent of the entire Massachusetts population, are 65 years of age or older; by 1970, this figure is expected to increase to 600,000.

Under present conditions a large number of aged people will continue to need care either in the state mental hospitals or in other facilities. For a great many years, elderly people who were ill but not psychotic have been sent to mental hospitals in most states. Massachusetts has pioneered in providing improved institutional care for the aged. Many other states also are beginning to provide special geriatric facilities and services as a part of their mental health programs, including Rhode Island, Illinois and New York.[2]

In 1955, Walnut Lodge was opened at the Foxborough State Hospital as a pilot program to care for such aged persons. It now provides for about 85 women. In October, 1957, Cushing Hospital in Framingham was opened. By the end of 1958, this institution will be able to care for 700 patients. Ultimately, with 2,000 patients, Cushing will be the largest hospital other than a mental hospital in the state.

Any elderly person suffering from a disease associated with the aging process is eligible for admission to Cushing Hospital. The first patients admitted to this facility were transfers from the state hospitals, but patients from the community are now being admitted. One requirement for admission is two years' residence in the state.

The establishment of special hospitals and facilities for elderly persons who are infirm or senile but not psychotic represents a great step forward in the care of the aged. Patients in such hospitals for the elderly, unlike those in mental institutions, are eligible for Old Age Assistance. This represents a financial saving to the Commonwealth, since Old Age Assistance is partially supported by federal funds.

The Commissioner of Mental Health is especially gratified with the progress at Walnut Lodge and Cushing Hospital and believes that these facilities will help to reduce the numbers of aged non-psychotic patients at the mental hos-

[1] Council of State Governments, *The Book of the States, 1956-57*, p. 307.

[2] Interstate Clearing House on Mental Health, *State Action in Mental Health, 1956-57*, p. 3.

pitals. He estimates that within two or three years Cushing Hospital will be filled and that the Commonwealth will then need another institution of the same sort in western Massachusetts, followed by one in the Foxborough-Taunton area. Later, he believes, another will be required in the North Shore area.[3]

In the state hospitals there has been increased planning for the aged psychotic patient. Under the guidance of the Director of the Division of Geriatrics, several of the hospitals have established seminars, research programs and newer treatment plans for the geriatric patients.

The Division of Geriatrics also conducts research studies of the medical and psychological problems of the aged, formulates medical, psychological and sociological policies for the guidance of the state institutions in caring for the elderly, and maintains liaison between the Department of Mental Health and other public and private agencies, including medical schools, on matters relating to geriatrics.

There are many stress situations among the elderly. In response to these stresses, and with less emotional reserve to handle them, the elderly person may develop symptoms of mental illness. Frequently, if such people are removed from their stresses and given psychotherapy, their symptoms may subside. Increased staffs in the state hospitals could provide more intensive treatment of such patients, who instead of spending their remaining years in the hospital might be able to return to the community. Providing funds for sufficient staff to treat the elderly would be economically sound.

Recommendation

The Department of Mental Health should continue to develop more effective programs for the care of the aged. Present facilities should be expanded to provide for a total of 2,000 patients at Cushing Hospital, and new facilities established in other parts of the state when required. To provide better care and treatment of geriatric patients within the state hospitals, increased numbers of physicians, social workers and psychologists, as well as ward personnel, will be needed.

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[3] Ewalt, p. 13.

CHAPTER VI

The Division of Legal Medicine: The Psychiatric Approach to Crime, Juvenile Delinquency, and Sexual Offenses

1. Psychiatry and Crime

Psychiatry, except for its role in determining legal sanity, has only recently been asked to consider reasons for criminal behavior.[1] Relatively little attention has been given by psychiatrists to the causes and prevention of crime, although research into the causes of criminal behavior, and into ways of arresting such behavior at an early stage, might lead to great savings to society.

The annual cost to the Commonwealth of crime, law enforcement, and correction programs is staggering. Both the number of cases, and the rate per 100,000 population, of crime and delinquency have been on the increase in Massachusetts and the nation for many years.

The Division of Legal Medicine estimates that there are approximately 175,000 criminal court prosecutions, other than traffic prosecutions, each year in Massachusetts. The Federal Bureau of Investigation has reported that in the 95 largest cities and towns of Massachusetts, there were over 51,000 known criminal offenses in 1956, and over 55,000 in 1957. The cost of crime, including property losses, law enforcement, and correction programs, undoubtedly runs into many millions of dollars annually. The Department of Correction alone required over $11 million in the fiscal year ending June 30, 1958, to care for a prison population of about 3,500. Another $2.8 million was appropriated to the Youth Service Board, to take care of an institutional population of about 900 juvenile delinquents. More millions are spent on new construction for these agencies.[2] The budget of the Division of Legal Medicine of the Department of Mental Health was only $560,628 in the fiscal year ending June 30, 1958.

While law enforcement and correction agencies will continue to play a major role in the handling of criminals, psychiatry offers an important way to learn more about the causes and the treatment of criminal behavior. Research is especially valuable. Research now being carried on by the Department has provided indications that better procedures for psychological testing would furnish insight into the likelihood of repetition of crime and the kinds of confinement required for specific prisoners. Such data would be of the greatest value to parole boards, probation officers, the police, and to society, in the prevention of crime.

From 1951 to 1957, a series of studies of the need for psychiatric services to the courts and correctional facilities, was made for the General Court by the Department of Mental Health in cooperation with the Boston Bar Association and the Suffolk District Medical Society. These surveys led to the establishment

[1] A complex legal problem related to the work of the Department is that of the proper procedures for the commitment and discharge of mental patients. Proposals for revision of the present Massachusetts laws were reviewed by the Special Commission on Commitment, Care and Treatment of Mental Health Hospital Patients in 1955 (Senate No. 735) and 1956 (Senate No. 700); these Commission reports are briefly summarized in Appendix C of this report. A bill to accomplish revision, Senate No. 482, was introduced in the 1958 session by the Chairman of the Committee on Public Welfare. This bill was used in part as the basis of a resolve which proposes another legislative study this year. (House of Representatives, No. 1481 of 1958.)

[2] The Department of Correction and the Youth Service Board also perform many other services for a considerably larger number of persons than the average prison population in any given year.

of the Division of Legal Medicine and the rapid expansion of its services. This series is summarized in Appendix C of this report.

The present Division of Legal Medicine was organized in August, 1954, and assigned as its major responsibility the provision of psychiatric services to the institutions of the Department of Correction, the district courts, and the Youth Service Board, which deals with juvenile offenders. The Division is also required to provide treatment for sex offenders.

The general purposes of the Division have been defined as follows:

1. To assess the need of the correction field for psychiatric services in relation to the available psychiatric facilities.
2. To interpret to the correction field the potentialities and limitations of current psychiatric practice.
3. To create a professional environment in which trained professionals can work effectively in the inherently difficult correction field area.
4. To aid the Department of Correction to provide training facilities and experience both for trained professionals who wish to enter correction work and for those already in the field who wish formal training in his particular discipline.
5. To establish research projects and engage in studies by which the effectiveness of court clinics and other correctional psychiatric facilities may be increased.[3]

In July, 1958, the Division of Legal Medicine had as staff 17 full-time and 35 part-time psychiatrists, five full-time and 16 part-time social workers, three full-time and 14 part-time psychologists, and 17 secretaries.

In their work with the Department of Correction, the Division staff have interviewed offenders at the Correctional Institutions at Norfolk, Concord, and Walpole. At Norfolk, prisoners about to be paroled were given psychiatric interviews. Follow-up clinics for paroled offenders were also established. From July 1, 1956, through June 30, 1957, about 145 such offenders were treated in either individual or group interviews. In addition, 25 juvenile offenders referred by the Youth Service Board were treated by the special juvenile parole clinic. At the Massachusetts Correctional Institution at Concord, 75 patients were given individual treatment. At the Massachusetts Correctional Institution at Walpole, 64 patients were seen.

Within the past three and one half years, court clinics have been established at ten district courts: Cambridge, Worcester, Springfield, Norfolk County, Framingham, Malden, Quincy, Clinton, Hingham and Suffolk County. Between July 1, 1956, and June 30, 1957, the ten clinics served 21 courts. The staff saw 495 individual offender-patients from 124 cities and towns, for a total of 5,505 clinical hours. In addition, 457 parents of juvenile offenders were seen and there were 963 conferences with probation officers and 432 conferences with social agencies.[4]

Increasingly, judges, district attorneys, and others are requesting that the Division of Legal Medicine also examine persons accused of sex offenses before they come before the courts for assignment to the clinic. This, while very desirable, approximately doubles the work of the clinics. Furthermore, psy-

[3] Commonwealth of Massachusetts, *Special Report of the Department of Mental Health Relative to the Advisability of Making Psychiatric Service Available to the District Courts,* House of Representatives No. 2725 of 1957, January, 1957, p. 6.

[4] Data furnished by the Division of Legal Medicine of the Massachusetts Department of Mental Health.

chiatric services eventually will be required not only in other district courts throughout the Commonwealth, but at the superior court level as well.[5]

The Division of Legal Medicine of the Department of Mental Health began its work at the reception-detention center at the Youth Service Board on September 1, 1956, with a chief psychiatrist and four consultants. The increased need for services resulted in the appointment of three more psychiatric consultants. The psychiatrists were soon joined by a psychologist who administers batteries of tests and a social worker who interviews parents. The basic function of this clinic team is to interview the child and his parents, in order to understand the underlying reasons for the child's behavior problems. With such understanding, the reasons for the child's problems may then be removed and future difficulties prevented. Statistics for the team's work from September 1, 1956 through June 30, 1957, are as follows:

Number of children interviewed by the psychiatrists:	515
Number of children tested by the psychologist:	68
Number of interviews with parents by the social worker:	225

The Division of Legal Medicine has also affiliated with the Washingtonian Hospital in Boston for the treatment of alcoholic offenders, and 141 such patients have been seen at that hospital by the staff members of the Division.

At present, the Division of Legal Medicine is conducting some extremely promising research. The Worcester Court Clinic is studying the personalities and family relationships of runaway children and of fire setters. The Dedham Clinic is attempting to formulate research on the cause of "bomb hoaxing." The Division has also undertaken a very significant study on how parole success can be increased. Preliminary studies suggest that there is a relationship between the presence or absence of the father in the home at an early age and the success of parole. This suggests the importance of having a parole officer available for the parolee to talk with, before he gets into trouble.

Other research now being planned may lead to more effective management and treatment of the sexual offender and of juvenile delinquents. Such research programs will require additional funds for the Division of Legal Medicine. However, the results of the previous research suggest that the money will be well spent and may give the answers to some vexing problems.

The Commissioner of Mental Health believes that the Commonwealth should support such research much more adequately, by establishing a Crime Research Laboratory, or Division of Crime Research, which would study methods of treatment of criminals of all kinds, especially sex offenders, arsonists, and murderers.

The Commissioner has urged that the proposed laboratory also work closely with the State Police Crime Detection Laboratory to establish personality profiles for various types of criminal behavior, profiles which may be of value both in crime detection and in deciding on suitability for parole.[6]

2. The Sex Offender

One of the most difficult problems facing the Division of Legal Medicine, a problem which has received a great deal of public attention, is that of the sexual offender, or sexual criminal. The problem is a national one, and every state is attempting to deal with it. There is universal agreement that no state has yet developed a solution.

[5] Ewalt, pp. 23-24.

[6] *Ibid.*, p. 14. This proposal is developed more fully in relation to the Psychiatric Research Institute discussed in Chapter IX of this report.

The problem of the state's care of the sexual criminal is well summarized in a recent study made by the Council of State Governments:

> Some trends in the thought and feeling of society towards those who cause difficulty may be noted in the current discussion of what to do with the so-called sexual psychopath. More than one kind of person has been thus labeled. Sometimes he is merely a man with strong sexual tendencies who is so injudicious as to stray beyond the bounds of his natural area in society. The label has even been applied to elderly men who simply lack the ability to care for themselves properly. There is, to be sure, a group of persons who may be properly called sexual psychopaths, whose behavior in this field is so persistent and at the same time so aberrant that they transgress the rules of society recklessly without regard to consequences and, at times, in such a way as to assure themselves of apprehension and punishment by legal authorities.
>
> For several years we have seen legislation enacted in a number of states placing such persons under medical treatment, the idea being that these men should stay either in a mental hospital or some other institution presided over by psychiatrists until they have somehow recovered from their aggressive condition. In practice this is the equivalent of a long sentence in a penitentiary, but the wording of the law leads to confusion and causes difficulty for the hospital man who has such persons added to his other burdens—persons who are quite clear in their contact with the environment, decidedly aggressive toward both sexes, and quite ready to impose on the mentally disordered people about them in the hospitals.
>
> Whether the present movement constitutes an advance or a retreat is not important at this point; we are concerned merely with setting forth the fact that here is another group, previously looked after by the penologist, but now in increasing numbers being turned over to the hospital psychiatrist. Not only should proper provision for them be made, but also provision should be made for maximum security, and for employment on whatever basis may be available. Such provision is lacking in ordinary mental hospitals. One of the best illustrations of the sort of provision that should be made, and the kind of management toward which one should aim is in the federal institution at Springfield, Missouri. It is not an institution planned entirely for this group but for all sorts of offenders under sentence in federal prisons and jails, who need medical attention for mental or physical illness.[7]

The laws of the Commonwealth are not specifically discussed in this report, but Massachusetts faces similar problems.

Special treatment of the sex offender is complicated and expensive. New Jersey and California have made exhaustive studies of the subject of sexual deviation, and have set up elaborate treatment centers. The California hospital, for example, cost $12 million to build.[8]

A 1950 California study summarizes some of the problems raised in legislation on dealing with the sex offender:

> Information concerning past sex offenders is limited. This is especially true of sex offenders who have not been convicted of a felony. Relatively few studies have been made as to the nature of sex offenders. One of the most complete statistical studies made to date was of convicted sex offenders in New York City during the period 1930-1939.

[7] Council of State Governments, *The Mental Health Programs . . .*, pp. 41-42.

[8] California, Department of Mental Hygiene, *Final Report on California Sexual Deviation Research* (Sacramento, 1954).

The conclusion of the Report of the New York City Mayor's Committee for the Study of Sex Offenses, page 73, was, "In a nutshell, then, the sex offender differs little from other kinds of offenders. Often his was a socio-economic as well as a personality problem. Any attempt to study him, therefore, must embrace the whole person, not merely the sexual side of his makeup."[9]

The final report of the California study concludes:

Only on the basis of such careful, painstaking research can better handling of all criminals be attempted. Sex offenders are one part of our criminal population, and public concern about abnormal sex acts perhaps justifies our beginning with this group. Sex crimes constitute a sizable portion of those directed against the person, gravely interfere with personal rights and seriously disturb the sensibilities of decent, law-abiding citizens. It is easy to pass more sex laws, with increased penalties; yet such steps do not appear to have value. Proper, considered legislation is an important part of the whole problem, to which medical science, the methods of psychiatry in particular, also have much to contribute.

In justifiable attempts to safeguard rights of both victim and offender our present laws have many gaps and failures. The public has the right to protection from crimes, including sex crimes. And accused persons are entitled to full protection of their civil rights under criminal law until they are convicted. For these reasons it seems better to reform procedural rather than substantive law, premature change in which is always dangerous. . . .

Add to these rights the fact that charges in sex crimes are too often never made or pushed; that society would like to prevent sex crimes by discovering what causes sex crimes; and that the public is extremely sensitive to all discussion of sex crimes—and one has some idea of the size and complexity of the problem of sex offenses in this country.[10]

3. Present Needs of the Division of Legal Medicine

The Division of Legal Medicine is especially interested in the revision of the 1957 law pertaining to sex offenders. The Division also is working with the Department of Correction to establish a new reception, diagnostic, and treatment center for all types of offenders, to be operated by the Department of Correction. These matters are being discussed by representatives of the Department of Mental Health, the Department of Correction, the district courts, the Governor's Office, members of the General Court, and other authorities. Legislation on both subjects has been introduced during the 1958 legislative session.

There is general agreement that the present laws of the Commonwealth relating to sex offenders do not provide adequate protection to the public or distinguish the potentially dangerous offender from the relatively harmless person. The Advisory Committee on Correction has stated that it does not approve the legislation on sex deviation in its present form and feels that it should be revised.

The Department of Mental Health, in cooperation with other interested groups, is supporting House of Representatives No. 3046 of 1958, filed by Representative Carter Lee. This bill would amend the present law (Chapter 772 of the Acts of 1957) by defining more precisely a "sexually dangerous" person, and would establish more adequate procedures for the psychiatric examination and treatment of sex offenders of all kinds.

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[9] California, Subcommittee on Sex Crimes of the Assembly Interim Committee on Judicial System and Judicial Process, *Preliminary Report* (Sacramento, 1950), p. 30.

[10] California, Department of Mental Hygiene, *Final Report on California Sexual Deviation Research*, p. 38.

Since 1955, study groups and advisory committees have repeatedly urged that a new reception, diagnostic, and treatment center be developed for the Department of Correction. The 1955 Report of the Governor's Committee to Study the Massachusetts Correctional System (Chairman, Nils Y. Wessell), urged the establishment of a new center for the reception, classification, and psychiatric diagnosis of all newly committed male offenders except the criminally insane, before commitment to a specific prison.[11] In 1956, the Wessell Committee urged that the existing center at the Massachusetts Correctional Institution at Concord, which has room for only 12 prisoners and lacks adequate personnel and facilities, be abandoned as soon as possible, and that a new center be constructed.[12] The same recommendation was made by the Advisory Committee on Correction in January, 1957.[13]

Such a center would classify all newly-committed offenders, in terms of the kind of correctional facilities necessary for them. The center would provide intensive psychiatric treatment whenever possible, both for the newly committed and those already in the prison population and at Bridgewater State Hospital. The center would also carry on outpatient care for offenders on probation or parole.

The proposed center would serve as a research and training institution, making possible more adequate studies of the nature of criminal and deviant behavior, and offering in-service training to psychiatrists, social workers, and other personnel in the Departments of Mental Health and Correction.

If funds and personnel were available, the center could also provide care for "defective delinquents," children who are both mentally retarded and delinquent, and who at present are often assigned to the Bridgewater State Hospital, along with adults committed as criminally insane and adult alcoholics.

The Department of Mental Health feels that this center would serve as a focal point for all of its programs of psychiatric service to the courts, parole system, and the Department of Correction, and is extremely interested in having it established at the earliest possible date. To date the General Court has appropriated $1.1 million toward the construction of such a center.

Recommendations

1. Appropriations for the Division of Legal Medicine should be increased, so that the Division may meet its commitments to the courts, the Department of Correction, the Youth Service Board, and other state agencies dealing with the problems of crime, sex crime, and juvenile delinquency. The work of the Division represents one of the ways in which the Commonwealth can hope to reduce the staggering costs of law enforcement and correctional programs.

2. The proposed Crime Research Laboratory, or Division of Crime Research, should be established immediately as part of the Psychiatric Research Institute described in Chapter IX of this Report.

3. The Commonwealth should give immediate consideration to the proposals for revision of the law relating to sex offenders, and for the construction of a new reception, diagnostic, and treatment center for committed offenders, now being developed by the Department of Mental Health, the Department of Correction, the Governor's Office, the General Court, and others.

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[11] Commonwealth of Massachusetts, *Report and Recommendations of the Governor's Committee to Study the Massachusetts Correctional System,* Senate No. 750 of 1955, May 31, 1955, pp. 31-32.

[12] Commonwealth of Massachusetts, *Second Report of the Governor's Committee to Study the Massachusetts Correctional System, 1956,* House of Representatives No. 3199 of 1956, July 12, 1956, p. 39.

[13] Advisory Committee on Correction, "First Annual Report of the Committee" (January 1, 1957), p. 9. (Mimeographed.)

CHAPTER VII

The Training Program of the Department of Mental Health

Training and research have been called the keys to the eventual alleviation of mental illness.[1]

Five state hospitals and one state school are members of the Psychiatric Training Faculty of Massachusetts, Inc. This organization consists of the directors of 16 psychiatric training centers in Massachusetts. The Psychiatric Training Faculty has as its goal the establishment and maintenance in Massachusetts of training standards in the field of psychiatry. One of the functions of the Faculty is to assist the state hospitals and schools in developing their training potential. The Faculty has sponsored lectures for state institution staff members, and has consulted with state hospitals and schools that are seeking to raise their training standards.

The principal training program of the Department of Mental Health is the training of physicians to become psychiatrists. Programs are carried on in seven of the state hospitals and in one state school. These training centers have had excellent cooperation from the various universities and training centers in Greater Boston which make the area one of the best in the world for psychiatric training. At present more than 80 physicians are in training in the Department's hospital and clinic system. In the future, many of these physicians will help staff the public and private agencies in Massachusetts for the prevention and treatment of mental illness.

Often, through the formation of psychiatric treatment teams, the trained psychiatrist is able to educate other clinical personnel. However, training programs are also needed for these other workers. Funds must also be available for hiring trained personnel who in turn can train the many staff psychiatrists already in the state hospitals and schools and clinics, for more intensive work with their patients.

The Department has opened two schools for licensed practical nurses, and expects to open two more in the near future. It is anticipated that in the course of time most of the work now done by attendants will be taken over by licensed practical nurses. Many of these personnel at first will come from among those attendants who have studied and improved their skills and knowledge and have passed the state examination for licensed practical nurse. Classes are now being conducted for approximately 1,200 attendants to qualify them for the licensed practical nurse examination. The Department also conducts a post-graduate program for licensed practical nurses at one hospital and provides a two-month affiliation program for practical nurses from general hospital schools.

A formal research project on the role of the licensed practical nurse in the mental institution was begun in January, 1958. The research is supported by the National Institute of Mental Health, and is expected to continue for at least five years. The purpose of the research project is to find ways to provide better care for patients in the psychiatric hospitals, through the revaluation of the role of the practical nurse and the development of an improved pre-service educational program for practical nurses.

Many of the state hospitals and schools have refresher courses for attendants to bring these workers up to date on new treatment methods. An informal

[1] William A. Malamud, M.D., "Training and Research: The Twin Keys for Mental Health," *State Government*, XXVI, (April, 1954).

refresher course for the supervisors in the nursing, practical nursing and attendant services is carried on each year. This course lasts for approximately one week and is attended by personnel of all Department institutions.

Many schools of nursing, both the diploma schools and the collegiate schools, affiliate with state hospitals and schools for their field experience in psychiatry. There are more than 1,000 such affiliates at the state hospitals and schools each year.

The training program in occupational therapy consists of short intensive courses, organized to teach the occupational therapist up-to-date methods. In addition, four state hospitals affiliate with eight schools of occupational therapy. The hospitals give clinical training to the students, meeting a part of the university degree requirement. During the past year, 23 students from eight schools trained in these hospitals.

Four state hospitals affiliate with the Institute for Clinical Pastoral Care, which sends seminarians to the hospitals during the summer months for six-week courses to acquaint them with the operations, needs and problems of the mental hospital and to discuss principles of mental health.

The Department of Mental Health has also cooperated with various universities in providing training and field experience in psychology and social work for university students.

In collaboration with the National Institute of Mental Health and with funds provided by the Institute, the Department is setting up a program in western Massachusetts for the training of community mental health center workers. There are now two people on federal stipends at the Springfield Center. When the students complete this training program it is hoped that they will be employed by other cities throughout the state to do community consultation work.

On several occasions the Department has requested the position of Director of Training to oversee and help to develop the entire training program.

Recommendations

1. The training programs of the Department of Mental Health should be supported and encouraged by the Commonwealth.

2. Consideration should be given to the request of the Department for the position of Director of Training.

CHAPTER VIII

Needs in Research: A State Research Program

Authorities agree that research into the causes and treatment of mental illness and retardation is an absolute necessity. Research led to the development of the tranquilizing drugs which now offer so much hope in the treatment of the mentally ill.

Dr. William A. Malamud, former Chairman of the Department of Psychiatry and Neurology at Boston University School of Medicine and President-elect of the American Psychiatric Association, has said:

> At no time in the history of the care and treatment of the mentally ill has so much been achieved in so short a period as during the last three decades. . . . This is particularly true of activities in research and training. Scientific investigation in both basic and applied research has resulted in the accumulation of a vastly greater amount of knowledge in regard to the nature of these illnesses, their causes, manner of development and pathology, than we have ever had before. At the same time, we have learned how to utilize this background of knowledge for the purpose of instituting a whole battery of new methods of treatment, prevention, diagnosis and prognosis.[1]

However, research into the causes and treatment of mental illness has never received the financial support or the attention given to research in many physical diseases. There are many reasons for this; one is that psychiatry is a relatively new field of medicine and the public has only recently come to have any understanding of the problems of mental illness and retardation.

It has been estimated that in 1951 research in the field of mental health received only about three per cent of all funds devoted to medical research that year, although half of all hospital beds in the United States were occupied by the mentally ill.[2] In that year, over $28.00 was spent on research into poliomyelitis for each patient under treatment, but only about $4.75 per patient for research in the field of mental health. In 1955, about $27 million was spent on research in the field of mental health.[3]

In 1954, the National Governors' Conference on Mental Health recommended that ten per cent of each state's mental health budget be allocated to research and training, but in 1956 only about 1.5 per cent of state operating expenditures for mental health programs was being spent for research.[4]

Federal funds for research are also limited. The National Health Education Committee has pointed out that in the fiscal year 1957 Congress appropriated $157 million to the Agricultural Research Service of the Department of Agriculture, but only $17 million to the National Institute of Mental Health for research in the causes and treatment of mental illness and retardation.[5] Greater amounts are spent annually by individual manufacturers in developing new products than the entire nation spends on research in the field of mental health.

In December, 1957, the Department of Mental Health was conducting about 130 separate research projects. Most of these projects were financed by the

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1 William A. Malamud, M.D., "Training and Research: The Twin Keys for Mental Health." *State Government*, XXVI (April, 1954).

2 Council of State Governments, *Training and Research . . .*, pp. 123-124.

3 National Committee Against Mental Illness, Inc., *What are the Facts . . . ,* p. 17.

4 *Ibid.*, p. 25.

5 National Health Education Committee, Inc., *Does Medical Research Repay the American People?* (New York, 1957).

National Institute of Mental Health or by private sources. The projects cover a wide range, and include attempts to measure the relative success and failure of various kinds of treatment, and the studies previously mentioned of the possible predictability of crime, sex crime, and juvenile delinquency, and the treatment of such behavior. From federal and private sources, the Department received about $83,000 in 1956 and $126,000 in 1957 for research. The Commonwealth, however, makes only very limited state funds available specifically for research.[6]

Many other states supplement federal and private research funds with extensive state appropriations for research and training. For example, New York for the fiscal year 1957-58 appropriated almost $5.5 million for research, including funds for a research institute in mental retardation, and another $3.7 million for training. Connecticut in 1957 appropriated for the 1957-1959 biennium $1.2 million for research and training, or more than three per cent of operating budget of the Connecticut Department of Mental Health. Some states, including Michigan and Washington, have organized special mental health research institutes. Others spending substantial sums on research include California, South Carolina, and Tennessee.[7]

The Commissioner of Mental Health feels that at least $2 million a year could be effectively spent on research, with great ultimate benefits to the Commonwealth. On several occasions, the Department has suggested that a percentage of fees collected by the state for the board of patients be devoted to research. In Illinois, all money collected in this way, over $5 million annually, is made available for research, and Louisiana in 1956 adopted the same procedure.

In Massachusetts, about $5 million a year is collected from patients who are able to pay for a part or all of the cost of their treatment. At present these funds are returned to the General Fund of the Commonwealth, and used for general state purposes. If as much as 20 per cent of these annual collections were made available for research, this would give the Department $1 million more a year.

There are many additional reasons for appropriating state funds for research, whether from patient fees or from other sources. Massachusetts is unusually fortunate in having within its borders some of the outstanding research workers in the world. Many are already working on research projects in collaboration with the Department of Mental Health, and more would do so if funds were available.

In modern research, there is a special need for so-called "seed" funds to make preliminary investigations. The research worker must have available relatively small amounts of money to support preliminary studies, in order to develop more detailed plans for further research. These detailed plans can then be submitted to the federal government or to a private organization, which will make further funds available if it approves the project. However, the Department of Mental Health often has neither the small amounts of money nor the personnel required to develop research projects to the point where the Department can apply for federal or private funds.

The Commonwealth could help to obtain more federal and private funds, by making state funds available to the Department to stimulate research which appears promising but is not fully developed. Additional personnel would be needed in the Division of Research and Statistics of the Department to help plan and coordinate this work.

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[6] Ewalt, p. 8.

[7] Interstate Clearing House on Mental Health, *State Action in Mental Health*, pp. 6-8. Details of the research and training programs of each state are presented on pp. 11-27.

The Commissioner of Mental Health also urges that the Commonwealth establish a Psychiatric Research Institute in the Greater Boston area. This Institute is described in the following chapter.

In addition, there are possibilities for the development of cooperative research projects by Massachusetts and other states in this section of the country. The proposed Psychiatric Research Institute could assist in the initiation of such projects, along with the Department of Mental Health and the Massachusetts Commission on Interstate Cooperation.[8]

Recommendations

1. The Commonwealth should grant to the Department of Mental Health additional funds earmarked specifically for research, including so-called "seed" research, and for the additional personnel needed to help plan and coordinate this research. It is recommended that this be done through the proposed Psychiatric Research Institute discussed in Chapter IX.

2. The Commonwealth should give serious consideration to the proposal of the Commissioner of Mental Health that a percentage, perhaps 20 per cent, of the fees collected from patients be made available for research.

3. The Department of Mental Health and the Massachusetts Commission on Interstate Cooperation should explore the possibilities of developing interstate research projects into the causes and treatment of mental illness and mental retardation, in order to draw on the talents and resources of other states in this part of the country. The proposed Psychiatric Research Institute could play a central role in the development of such projects.

[8] For reports on recent interstate meetings to consider public mental health programs, see Interstate Clearing House on Mental Health, Council of State Governments, *Summary of Proceedings, Northeast State Governments Conference on Mental Health* (Chicago, 1956 and 1957). Representatives of ten northeastern states, the United States Public Health Service and other interested groups attended.

CHAPTER IX

Recommendation: A Psychiatric Research Institute

The Commissioner of Mental Health has proposed the immediate establishment of a Psychiatric Research Institute, directed by the Superintendent of the Massachusetts Mental Health Center in Boston and associated with the Center and with Harvard Medical School.

This Institute would use state funds appropriated for research purposes, and would be in a position to take advantage of substantial additional federal and private research grants.

The Special Commission on Audit of State Needs wishes to endorse this proposal.

The Commissioner of Mental Health proposes that the Psychiatric Research Institute include three basic divisions. Later, additional divisions or sections might be added.

The first division would be a *Division of Research in Mental Disease.* This Division would carry on basic research in mental disease and related problems, including studies of social and environmental factors related to mental illness. Other areas of research would include the investigation of new treatment methods, new methods of rehabilitation, and the prevention of mental illness, including studies of methods being developed in other areas.

The second division would be a *Division of Research in Mental Retardation.* This Division, working with the Division of Special Education of the Department of Education and with other public and private agencies and groups, would carry on research into the causes of mental retardation and explore advanced methods of care.

The third division would be a *Crime Research Laboratory* or *Division of Crime Research.* This Division would cooperate with the Division of Legal Medicine of the Department of Mental Health, the Department of Public Safety, the Department of Correction, the Youth Service Board, the Attorney General, the District Attorneys, and other public and private authorities and agencies concerned with the problems of crime, juvenile delinquency and sex offenses.

The proposed Crime Research Laboratory would make inquiries into the causes and treatment of crime, juvenile delinquency, and sex crime. It would also make studies into the patterns of behavior of criminals on parole, on probation, and in prison.

The Department of Mental Health believes that research along these lines can help to develop a better understanding of the causes of criminal behavior, and ultimately be of great value in police work and the detection of crime. The Crime Research Laboratory would also make studies of the methods used in the treatment and rehabilitation of criminals in other parts of the country, in order to help improve the effectiveness of treatment of such offenders in Massachusetts.

The Commissioner believes that a Psychiatric Research Institute, carrying on these programs and many others, ultimately should be authorized to spend about $2 million a year, a small fraction of the state's annual expenditures for mental health and correctional services. The Commissioner estimates that it would take at least three to four years to develop the program to the point

where this sum of money could be expended effectively. The first year would require an appropriation of about $200,000 to inaugurate the program.

The Commissioner believes that without adequate staff and without assurance of adequate future support the program should not be begun. Facilities for the program would be made available at the Massachusetts Mental Health Center.

The Commissioner's proposed staffing pattern, with salaries corresponding to those in other state programs, will be found in Appendix A.

Recommendation

It is recommended that statutory authorization be granted and funds be appropriated immediately, for the establishment of a Psychiatric Research Institute for research into the fields of mental illness, mental retardation, and crime. Only in this way can the Commonwealth develop the information needed for the future alleviation of these grave problems, and help to save the taxpayers the much larger sums which will otherwise have to be expended for preventive, therapeutic and custodial programs for the mentally ill and the retarded, as well as the criminal, the juvenile offender, and the sex offender.

Legislation to accomplish this purpose will be found in Appendix A.

APPENDIX A

Legislation for the Proposed Psychiatric Institute

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Fifty-Eight

AN ACT ESTABLISHING A RESEARCH INSTITUTE IN THE DEPARTMENT OF MENTAL HEALTH

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to help the Department of Mental Health conduct researches into the causes, prevention and treatment of mental illness, mental retardation and crime, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health, safety and convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 123, Section 11, is herewith amended by adding—There shall be established a psychiatric research institute to be directed by the superintendent of the Massachusetts Mental Health Center in Boston. This institute shall make use of state funds appropriated for these research purposes and may take grants from private and other public agencies for conducting research. Funds appropriated by the legislature or granted by outside agencies may be expended for research projects within the Massachusetts Mental Health Center or within any other Department of Mental Health institution, or to any private college or institution for research within the Commonwealth, subject to the approval of the Commissioner and subject to the restrictions on operating research projects in private institutions contained in the earlier paragraphs of this section.

The research institute shall consist of three divisions, a division of research in mental disease, a division of research in mental retardation and a division of crime research. With the approval of the Commissioner, and with the approval of the commissioner or department heads of the following departments, the division of crime research may conduct laboratories and research with the department of public safety, the department of correction, the youth service board, the office of the attorney general and the several district attorneys of the state. The details of the administration of the research institute shall be under the direction of the superintendent of the Massachusetts Mental Health Center, except that research activities to be carried on outside the Massachusetts Mental Health Center, shall have the approval of the Commissioner, and the approval of the superintendent, commissioner, director, or whatever title is carried by the principal administrative authority of the institution in which the proposed collaborative research is to be carried on.

Supplemental Budget Request, 1959-1960

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Fifty-Eight

AN ACT ACCOMPANYING LEGISLATION FOR PSYCHIATRIC RESEARCH INSTITUTE

Whereas, The deferred operation of this act would tend to defeat its purpose, which is to help the Department of Mental Health conduct researches into the causes, prevention and treatment of mental illness, mental retardation and crime, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public health, safety and convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter XXX. There shall be appropriated to account 1710 as a supplementary appropriation, funds for a psychiatric research institute.

1710-01	Director of Research Institute (This title to be assumed by the Superintendent of the Massachusetts Mental Health Center.)	No additional salary
1710-01	Associate Director of the Institute	12,051.00
-01	Director of Psychiatry (3)	31,746.00
-01	Director of Psychological Research (3)	21,606.00
-01	Head Psychiatric Social Worker (3)	15,210.00
-01	Biochemist (2)	8,632.00
-01	Mental Health Coordinator (2)	11,778.00
-01	Research Neurophysiologist (2)	12,662.00
-01	Laboratory Assistant Technician (3)	7,995.00
-01	Laboratory Technician (2)	6,292.00
-01	1 Senior Clerk-Stenographer	3,146.00
-01	3 Junior Clerk-Stenographers	7,644.00
1710-03	This is to include consultants but principally part-time assistants and graduate students who would do some of the detailed laboratory and statistical work.	30,000.00
1710-06	Housekeeping, etc.	2,000.00
1710-10	Travel account	4,000.00
1710-15	Equipment account	35,000.00
	TOTAL	$209,762.00

APPENDIX B

The Organization of the Department of Mental Health

The Department of Mental Health is headed by the Commissioner of Mental Health, and has seven divisions. The Medical Division and the Business Division are headed by the two Assistant Commissioners. Each of the remaining divisions has its own director or supervisor. These divisions are the Division of Mental Hygiene, the Division of Hospital Inspection, the Division of Research and Statistics, the Division of Legal Medicine, and the Division of Geriatrics.

The Department maintains 12 state hospitals for the mentally ill, one hospital for epileptics, and four state schools for the mentally retarded. The Department operates one hospital for non-psychotic aged persons, and provides legal supervision of mentally ill patients at Massachusetts Correctional Institution, Bridgewater. The Department also provides staff for 15 area Mental Health Centers, and is in the process of opening throughout the Commonwealth day centers for retarded children. Fourteen such centers already have been opened. Ten psychiatric clinics, staffed by the Division of Legal Medicine, are in operation at district courts.

1. State Hospitals for the Mentally Ill and Epileptic

	Patient Census*
Massachusetts Mental Health Center (formerly Boston Psychopathic Hospital) Boston	128
Boston State Hospital Dorchester	2872
Danvers State Hospital Danvers	2399
Foxborough State Hospital Foxborough	1200
Gardner State Hospital East Gardner	1278
Grafton State Hospital North Grafton	1765
Medfield State Hospital Medfield	1477
Metropolitan State Hospital Waltham	1686
Northampton State Hospital Northampton	2233
Taunton State Hospital Taunton	1864
Westborough State Hospital Westborough	1837
Worcester State Hospital Worcester	2595

* Except in the case of Cushing Hospital, opened in November, 1957, figures used are the number of patients in the given institution as of June 30, 1957. Patients on the books but not in the hospital as of that day are not included. Data furnished by the Division of Research and Statistics of the Department of Mental Health.

Monson State Hospital (Epileptic) Palmer	1519

2. Schools for the Mentally Retarded

Belchertown State School Belchertown	1454
Walter E. Fernald State School Waverly	2416
Myles Standish State School Taunton	1451
Wrentham State School Wrentham	1884

3. Other Institutions

Cushing Hospital Framingham	250	(May, 1958)
Massachusetts Correctional Institution, Bridgewater South Bridgewater (Institution where limited legal supervision of mentally ill patients is exercised by the Department)	758	

4. Area Mental Health Centers (July 1, 1958)

Center	Fiscal Year Opened	Area Served
South Shore Guidance Center Quincy	1926	Braintree, Cohasset, Hingham, Milton, Quincy, Scituate, Weymouth.
Worcester Youth Guidance Center Worcester	1926	Auburn, Boylston, Brookfield, Charlton, Clinton, Dudley, East borough, North Brookfield, Oak-Brookfield, Grafton, Holden, Leicester, Millbury, New Braintree, Northborough, Oxford, Paxton, Princeton, Rutland, Shrewsbury, Southbridge, Spencer, Sterling, Sturbridge, Warren, Webster, West Boylston, West Brookfield, Worcester.
Greater Lowell Mental Health Center Lowell	1932	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsborough, Westford, Wilmington.
Brockton Area Mental Health Center Brockton	1938	Abington, Avon, Bridgewater, Brockton, Carver, Duxbury, East Bridgewater, Easton, Foxborough, Halifax, Hanson, Hanover, Holbrook, Kingston, Marshfield, Middleborough, Norwell, Pembroke, Plympton, Plymouth, Randolph, Rockland, Sharon, Stoughton, Wareham, West Bridgewater, Whitman.

Springfield Child Guidance Center Springfield	1938	Springfield
Holyoke-Chicopee-Northampton Area Mental Health Center Holyoke	1953	Amherst, Belchertown, Chicopee, Easthampton, Granby, Holyoke, Northampton, South Hadley, Southampton.
North Central Mental Health Center Fitchburg	1954	Athol, Ashby, Ashburnham, Ayer, Berlin, Bolton, Dunstable, Fitchburg, Gardner, Groton, Harvard, Hubbardston, Lancaster, Leominster, Littleton, Lunenburg, Pepperell, Petersham, Phillipston, Royalston, Shirley, Templeton, Townsend, Westford, Westminster, Winchendon.
Greater Lawrence Guidance Center Lawrence	1955	Andover, Lawrence, Methuen, North Andover.
Cambridge Guidance Center Cambridge	1956	Cambridge.
Framingham Youth Guidance Center Framingham	1956	Ashland, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Maynard, Millis, Natick, Sherborn, Southborough, Sudbury, Wayland, Westborough.
Franklin County Mental Health Center Greenfield	1956	Ashfield, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Monroe, Montague, New Salem, Northfield, Orange, Rowe, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, Whately.
Northeastern-Essex Mental Health Center Haverhill, Newburyport, and Amesbury	1956	Haverhill, Newburyport, and Amesbury.
Northern Berkshire Mental Health Center North Adams	1956	Adams, Clarksburg, Florida, North Adams, New Ashford, Savoy, Stamford, Williamstown.
Beaverbrook Guidance Center Belmont	1957	Belmont, Waltham and Watertown.
Boston City Hospital—Boston University Child Guidance Center Boston	1957	Boston

5. Locations of Day Centers for Retarded Children (July 1, 1958)

Boston
Brockton
Cambridge
Concord
East Weymouth
Fitchburg
Gardner
Lowell
Natick
Needham
Springfield
Swampscott
Wakefield
Worcester

6. Locations of District Court Clinics, Division of Legal Medicine (July 1, 1958)

Cambridge
Clinton
Framingham
Hingham
Malden
Norfolk County (part-time services to Stoughton, Dedham, Wrentham and Brookline).
Quincy
Springfield
Suffolk County (Boston)
Worcester

APPENDIX C

Summaries of Reports of Commissions and Committees on Needs in Mental Health, Legal Medicine, and Care of the Retarded, 1949-58

A. Mental Health

1. Commonwealth of Massachusetts, *Preliminary Report of the Special Commission Authorized to Make an Investigation and Study Relative to the Admission or Commitment of Persons to Institutions under the Jurisdiction of the Department of Mental Health and to Their Rights When So Admitted or Committed,* House of Representatives No. 2239 of 1950, December 4, 1949.

This Commission, headed by Senator George W. Stanton, surveyed the problems of the Department of Mental Health very briefly, and emphasized the need for a more thorough study of the Department, preferably by the American Psychiatric Association.

2. Commonwealth of Massachusetts, *Report of the Governor's Committee to Study State Hospitals, December 11, 1953* (Boston, 1954).

This Committee, appointed in March, 1953, by Governor Christian A. Herter, studied the needs of the state hospital system of the Commonwealth. The Committee, headed by Charles P. Howard, former chairman of the Commission on Administration and Finance, found that all state hospitals for the mentally ill were seriously overcrowded and should be expanded.

The Committee felt that an outstanding, unsolved problem related to hospital care was that of the rapidly increasing number and proportion of aged people in our population, including a great many people who require institutional care. The Committee recommended that this problem be alleviated in part by the opening of special buildings or facilities for the aged under the Department of Mental Health.

The Committee estimated that at least $150 million would have to be spent to construct all the new buildings and facilities necessary to end the overcrowding in the mental hospitals. To relieve this overcrowding without such a large building program, the Committee suggested that emphasis be placed on the following:

(1) Care for aged persons in facilities other than mental hospitals, where possible.

(2) Expansion of mental health clinics.

(3) The exemption of the position of psychologist in the Department of Mental Health from the requirement of a civil service examination, in order to ease recruitment difficulties.

(4) Improved treatment services at the state hospitals, in order to return more patients to the community.

(5) Expansion of "family care" programs to encourage the care in private homes of some patients from the state hospitals.

(6) Transfer of veterans where possible from state hospitals to Veterans' Administration hospitals.

The Committee stated that the Department of Mental Health needed an immediate capital outlay program of at least $25 million for construction at existing institutions.

In general, the Committee found that the shortage of personnel, most often due to the low salaries paid to doctors, nurses, and other professionals, was among the most important reasons for the overcrowding of state hospitals.

The Committee also recommended an improvement of collection procedures of the Department of Mental Health.

3. Commonwealth of Massachusetts, *Report of the Special Commission on the Commitment, Care and Treatment of Criminally Insane and Defective Delinquents,* House of Representatives No. 2780 of 1954, April 15, 1954.

This Commission, headed by Senator Charles W. Hedges, reviewed some of the problems of dealing with defective delinquents, the criminally insane, and sex offenders, and recommended better psychiatric care and treatment for these groups in the state institutions. The Committee proposed the establishment of psychiatric clinics for every district court in the Commonwealth, and recommended that adequate funds be made available for the immediate establishment of one experimental district court clinic.

4. Commonwealth of Massachusetts, *Report of the Special Commission on Commitment, Care and Treatment of Mental Health Hospital Patients,* Senate No. 735 of 1955, May 2, 1955.

This Commission, headed by Senator Leslie B. Cutler, studied proposed changes in the laws relating to the commitment, care, and discharge of mental hospital patients, and recommended a number of changes.

The Commission also made certain recommendations concerning the treatment of the mentally ill, urging that more emphasis be placed on intensive treatment of patients, outpatient programs, and mental health education.

The report included a brief summary of the survey of the Department of Mental Health made by the American Psychiatric Association in 1954-55.

5. Commonwealth of Massachusetts, *Report of the Special Commission on Commitment, Care and Treatment of Mental Health Hospital Patients,* Senate No. 700 of 1956, April 18, 1956.

The Commission continued its work by preparing a complete revision and recodification of the laws relating to the commitment, care, and discharge of mental hospital patients. Among the proposed changes were several relating to voluntary commitment and to commitment procedures for the mentally deficient, alcoholics, and narcotics addicts.

The Commission also recommended additional personnel for the Department of Mental Health, higher salaries for professional personnel, and more emphasis on the outpatient or area mental health center programs.

The Commission's final recommendation was for another hospital in the Boston area similar to the Massachusetts Mental Health Center (Boston Psychopathic Hospital), to be operated in cooperation with the Boston University School of Medicine in order to train more medical students and others in psychiatric work.

6. Commonwealth of Massachusetts, *Special Report of the Department of Mental Health Relative to the Establishment of a Mental Hospital for the Care and Treatment of Veterans,* Senate No. 670 of 1957, March, 1957.

The Department of Mental Health was asked to report on the feasibility and desirability of a special mental hospital for Massachusetts veterans who are not eligible for treatment in the Veterans' Administration hospitals, or for whom no Veterans' Administration hospital facilities are available.

The Department reported that a separate hospital for veterans is not absolutely necessary or desirable at present, since veterans may be cared for in state mental hospitals. Construction of such a hospital of course would help

to reduce overcrowding in other state mental institutions. On the other hand, a separate hospital for veterans would mean that many of their visitors would have to travel long distances. There would also be a more restricted group of patients, and this might be less challenging professionally to psychiatrists than work in a regular state mental hospital.

The cost of a 1400-bed institution for veterans would be $15 million, the Department estimated.

7. Commonwealth of Massachusetts, *Report Submitted by the Legislative Research Council Relative to Incentive Payments for State Mental Patients,* House of Representatives No. 2819 of 1958, December 16, 1957.

This report discussed the question of whether mental hospital patients and retarded persons in the state schools who work in the kitchens, laundries and elsewhere should receive nominal payments for their services, as a therapeutic device and in order to enable them to make small purchases at the canteens.

At present, about 6,000 patients perform some kind of work in the state hospitals and schools as part of a therapy program, intended to assist them in adjustment to return to the community. They are not paid for this work.

The study found a number of professionals both for and against the practice of payment, which is carried on in 12 other states. Those who favor payment argue that the therapy is valuable, and that patients can thus purchase minor comforts such as candy and tobacco. Those who oppose it argue that a well-rounded work program is itself therapy, and that payment is not essential and in some cases may even be objectionable.

The Commissioner of Mental Health had doubts about incentive payments, but felt that the idea might be worth trying. He pointed out, however, that full application would cost several hundred thousand dollars annually, and that such funds would probably be of more value to the patient if used to hire additional doctors, nurses and other personnel.

B. Legal Medicine

Beginning in 1951, the Department of Mental Health, at the request of the General Court, has made a series of studies of the problems in providing psychiatric and adjunctive services for the courts and correctional facilities of the Commonwealth. The studies have been made by the Department in cooperation with the Boston Bar Association and the Suffolk District Medical Society, and the study group includes distinguished psychiatrists, physicians, and attorneys.

These studies show the magnitude of the problems faced by the Department, the courts, the probation officers, the prisons, and the Parole Board. The studies are continuing during 1958-59.

1. Commonwealth of Massachusetts, *Special Report of the Department of Mental Health Relative to the Advisability of Making Psychiatric Services Available to the District Courts,* House of Representatives No. 2719 of 1951.

This report surveyed the over-all relation of psychiatric services to the work of the courts and correctional facilities. The report began with a brief discussion of the problem of determining legal sanity. It described the present organization and functioning of the Massachusetts court system, and described psychiatric services in other states, emphasizing programs dealing with sex offenders.

The report stressed the need for further study, suggesting that possible areas of investigation might include: methods of providing services to courts; thorough studies of the parole system and of the psychiatric services to the Massachusetts Correctional Institution at Bridgewater; a reexamination of the law dealing

with "defective delinquents"; the development of an in-service training program for probation officers, and a revision of the law concerning sex offenders.

2. Commonwealth of Massachusetts, *Special Report . . . Relative to . . . the District Courts,* House of Representatives No. 2270 of 1953.

This report reviewed the suggestions made in the first report, and urged that the next step be the establishment of a demonstration psychiatric clinic, attached to the Third District Court of Eastern Middlesex, in Cambridge. (The proposed clinic was established, and a description of its work may be found in a 1955 report of the study group.) In-service training for probation officers was emphasized as an integral part of the proposal.

3. Commonwealth of Massachusetts, *Special Report . . . Relative to . . . the District Courts,* House of Representatives No. 2417 of 1954, January, 1954.

This was a one page interim report, asking that the study be continued.

4. Commonwealth of Massachusetts, *Special Report . . . Relative to . . . the District Courts,* House of Representatives No. 2502 of 1955.

This report described a year's efforts to obtain private funds for the establishment of the proposed demonstration court clinic, in the absence of public funds. A number of private foundations were approached without success. The report urged that the Commonwealth appropriate funds for the purpose.

5. Commonwealth of Massachusetts, *Special Report . . . Relative to . . . the District Courts,* House of Representatives No. 2659 of 1956, December 1, 1955.

State funds were made available for the demonstration clinic early in 1955, and this report described the first year of operation. The study group felt that the value of the clinic had been definitely established, and recommended the development of similar clinics in other district courts. The law restricted the Cambridge clinic to the treatment of sex offenders. The report urged that the law be amended to make available psychiatric treatment for offenders of all kinds.

The report also included a description of research into the sex offender problem carried on by the Department of Mental Health from October, 1954, to April, 1955, under a special appropriation by the General Court.

6. Commonwealth of Massachusetts, *Special Report . . . Relative to . . . the District Courts,* House of Representatives No. 2725 of 1957, January, 1957.

This report described the establishment of psychiatric clinics in district courts throughout the Commonwealth. The report expressed interest in extending psychiatric services as rapidly as possible to the Youth Service Board, the prisons, and the parole system, and emphasized the need for special training programs for psychiatrists, social workers, and other personnel.

7. Commonwealth of Massachusetts, *Special Report of the Department of Mental Health Relative to the Progress of Psychiatric and Adjunctive Services Provided for the Courts and Correction Facilities,* House of Representatives No. 2988 of 1958, December, 1957.

This report summarized the previous studies and described in some detail the current organization and operation of the Division of Legal Medicine.

The group noted that considerable progress had been made since 1951 in providing psychiatric services, but emphasized that great problems remained, especially in the provision of psychiatric services to the correctional institutions.

The continuing shortage of personnel and funds in the Division of Legal Medicine was stressed.

C. Care of Retarded Children

The following reports were all made by the Special Commission Established to Make an Investigation and Study Relative to Training Facilities Available for Retarded Children, created in 1952 and headed by Senator Philip G. Bowker. The Commission is continuing its work during 1958-59.

1. Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 2171 of 1953, January, 1953.

This report announced the establishment of the Commission and requested its continuation.

2. Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 2270 of 1954, December, 1953.

This report discussed the general problem of care and education of the retarded, gave a brief history of the problem in Massachusetts, and made the following recommendations.

(1) A census should be made of the number of retarded children in Massachusetts.

(2) Programs of the Department of Education for the education and training of the retarded should be expanded. Personnel for the supervision of this work should be increased.

(3) Programs for the institutional care of the retarded should be greatly improved, and shortages in personnel and facilities overcome. Every effort should be made within the institutions to train as many retarded children as possible to return to the community. Relationships between the state schools and the community should be strengthened.

The Commission also made detailed recommendations for better coordination of all programs for the retarded and the development of occupational and recreational programs.

3. Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 2900 of 1955, April, 1955.

This report expressed special interest in the Division of Special Education which had been established in the Department of Education and in the development of more effective programs throughout the state to educate the retarded. The report discussed in detail the needs for personnel and facilities at each state school.

The report recommended that directors of research be appointed at two state schools, and that directors of physical education and recreation, industrial training, volunteer services, and family life, be appointed at all institutions. The report also recommended the construction at the state schools of halfway houses or pre-community houses, facilities for chapels, and gymnasia and swimming pools.

The report emphasized the value of occupational and vocational training for those retarded children who, with such training, will be able to lead useful and productive lives. Some of these children need training after the age of 16. Sheltered workshops for the retarded and other handicapped people were recommended.

4. Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 2580 of 1956, January, 1956.

This report emphasized again the need for more personnel and facilities in the Division of Special Education and at the state schools. The report stressed the importance of more state-supported research into the problems of retarda-

tion, as well as the need for better guidance and placement programs for retarded persons who have completed vocational training.

5. Commonwealth of Massachusetts, *Interim Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 2878 of 1957, January, 1957.

This report discussed certain specific needs for additional personnel and facilities. The report stated that the creation of the new Massachusetts Rehabilitation Commission "holds promise that many new avenues of rehabilitation in the community will be opened to the retarded."

6. Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 3188 of 1957, April, 1957.

This report recommended the following:

(1) Community retardation center throughout the Commonwealth for children of pre-school age.

(2) Additional nursery buildings for the growing numbers of very young children admitted to the Walter E. Fernald and Belchertown schools.

(3) Recreational programs for retarded children in the cities and towns, the state to bear one half of the cost.

(4) Education at home for retarded, physically handicapped, or emotionally disturbed children who are unable to attend classes.

(5) State assistance for the education of deaf, blind, and aphasic children at special schools.

(6) Legislation permitting cities and towns to provide day occupational training for retarded children over 16 years of age.

(7) Programs for day occupational training for non-resident retarded children at the state schools.

(8) State scholarships for special class teachers at Fitchburg State Teachers College.

7. Commonwealth of Massachusetts, *Report of the Special Commission . . . for Retarded Children,* House of Representatives No. 2795 of 1958, January, 1958.

This report stressed the need for recreational programs for retarded children, both in the cities and towns and at day programs at the schools. The report also indicated a special concern with the problem of the so-called "defective delinquent," the retarded child who is also a juvenile delinquent. At present such children are sometimes assigned to the state schools, where they present special problems, and sometimes to the Massachusetts Correctional Institution at Bridgewater, which also houses adult alcoholics and adults classified as criminally insane. The report urged that modern, adequate facilities be constructed immediately for these children.

The report also emphasized the continuing needs for better facilities, coordination of all services to the retarded, recruitment of more personnel, and greater emphasis on research into the causes of mental retardation and methods of care.

APPENDIX D

Community Education in Mental Health and Retardation: The Role of Private Organizations

There is a definite need for better public understanding of the difficult and complex problems of mental illness and retardation. Assistance from private voluntary organizations in this field is most valuable to the work of the Department of Mental Health. The work of two representative private organizations demonstrates the effectiveness of community participation and indicates other areas in which such organizations may help.

The Commission has asked the staff of the Massachusetts Association for Mental Health, and Mrs. David Hurwitz, a member of the Massachusetts Association for Retarded Children, to assist in the preparation of brief statements describing the history and activities of these organizations. The Commission is greatly indebted to these people for their help. More information will be provided upon request by these organizations, each of which has state offices in Boston and local chapters throughout the Commonwealth.

Many other private organizations also provide important services to the mentally ill and retarded, and include the auxiliaries attached to many hospitals, private professional groups, charitable and religious organizations, and community service groups. Many of these voluntary organizations also provide valuable assistance to the General Court and to state officials concerned with mental illness and retardation, by testimony before legislative committees and by advisory activities. State legislators and executives appreciate the role assumed by many of these groups in informing their members and interested citizens of new legislative and other developments affecting the Commonwealth's mental health programs, and would welcome more assistance of this kind.

1. The Massachusetts Association for Mental Health

The Massachusetts Association for Mental Health is a voluntary citizens' organization. It was established in 1913 as the Massachusetts Society for Mental Hygiene, and is the third oldest state association in the country. In 1950, the National Association for Mental Health was formed by the merger of three national mental health groups. In 1951, the name of the Society was changed to the Massachusetts Association for Mental Health to conform to the pattern of the National Association, with which the Massachusetts group affiliated in 1955.

The creation of the National Association for Mental Health had an important influence on the program of the Massachusetts Association. Local units of the National Association were established in various parts of the state and affiliated with the state organization. The National Association stimulated the Massachusetts Association to expand its program beyond the area of prevention and the promotion of mental health to that of concern with the problems of the mentally ill and the mental hospitals. At present there are 11 affiliated chapters, in Attleboro, Brockton, Cambridge, the Central Middlesex area, Greater Lowell, the Mystic Valley, North Central Massachusetts, Norwood, the South Shore, the North Shore and Worcester.

The Massachusetts Association for Mental Health is financed by allocations from United Funds in various communities, including Greater Boston, and by

campaigns in non-United Fund areas. Other sources of income include grants for special projects from foundations or from the federal government. In addition, some of the courses and seminars given by the Association are self-supporting, through direct tuition payments.

A voluntary organization is free to experiment, to pioneer, and to demonstrate. The program of the Association is constantly changing, and now places much more emphasis on the care of the mentally ill than it has done in the past, while continuing to give a great deal of attention to education for mental health.

a. Education for Mental Health

For a number of years the Association has carried on a variety of activities in the field of mental health education. Believing that the two most important elements in a child's development are the family and the school, the Association works extensively with people in the field of education and with parents' groups. For the past ten years the Association has begun its annual program for educators with an all-day Institute. Educators from all over the state attend this meeting in Boston and participate in discussion groups led by psychiatrists. There they are introduced to some of the concepts of mental health and are shown how these concepts apply to their work in the schools. Each year workshops for teachers are held in several communities. These are semester courses with trained leaders, and teachers who participate receive credit toward salary increases.

More traditional courses on mental health principles are also given to teachers, who receive academic credit either from the Department of Special Studies at Tufts University or through the Division of University Extension of the Department of Education. Advanced seminars are held each fall and spring under the joint sponsorship of the Association and the Psychiatric Department of the Beth Israel Hospital in Brookline.

Work with parents' groups has been less intensive but more widespread. Meetings have been held all over the state with church groups, Parent-Teacher Associations, other parents' and mothers' groups and similar organizations. Many have been single meetings, using a film as the basis for discussion. Several organizations have asked for series of meetings and have repeated these from year to year. Important work has been done with groups of public health nurses, the clergy, and representatives of social agencies. In one community a course was held for the police.

One department of the Association is concerned with literature and audio-visual materials about mental health. The Association has presented many radio and television programs devoted to mental health and mental illness. A great amount of literature has been distributed. A library of 35 films is in constant use. Last year a special pamphlet was printed and distributed which answered many of the questions people have regarding the hospitalization of the mentally ill.

The state organization also provides orientation for laymen who form the boards of local chapters.

b. Assisting in the Care of the Mentally Ill

In 1950-51, with the approval of the Commissioner of Mental Health, the Massachusetts Association initiated volunteer programs in the state mental hospitals. In the beginning only two hospitals were willing to experiment with this service, but now all of the hospitals and three of the four state schools for retarded children have established programs. Each institution has a Supervisor of Volunteer Services who is a member of the hospital staff. The Association

has continued to carry on a coordinating role, by holding monthly meetings for all the Supervisors of Volunteer Services.

The Association provides a volunteer service pin and presents award certificates to organizations which have made a major contribution to the program. For the past four years an annual one-day Institute for Volunteers has been held under Association sponsorship, where volunteers from all the institutions meet to discuss their common interests and problems. Most of the work of the volunteers has been centered within the hospitals. The Association is now hoping to stimulate interest in setting up projects in the community for patients discharged from the hospitals, in order to use more volunteers and increase community understanding of problems of the hospitals and the patients.

Because the state hospitals have had difficulty in securing an adequate number of competent Psychiatric Aides, or attendants, the State Association, in cooperation with the National Association for Mental Health, has sponsored an annual "Psychiatric Aide Achievement Contest." The Association believes that efforts should be made to raise the status in the hospitals of this important group, and bring them recognition in the general community. Each hospital is invited to participate in this contest. A committee is set up at each institution which includes hospital personnel, patients, and a representative of the Association staff. Candidates for awards are nominated by this committee, on the basis of "votes" from relatives, patients, and fellow workers. Each candidate must meet certain qualifications established by the National Association. All material relating to the candidate is reviewed by the State Association and forwarded to the National Association. If the candidate meets all requirements, he receives an Achievement Award and is presented with a special emblem and a certificate, a copy of which is presented to the hospital.

Recent increases in discharge rates at mental hospitals, both in the nation as a whole and in Massachusetts, have drawn attention to the special problems encountered by patients upon their return to the community. The Massachusetts Association for Mental Health has received increasing numbers of requests for help from such individuals. The Association has undertaken two surveys in this area, financed in part by grants from the United States Office of Vocational Rehabilitation. The first survey, now completed, covered "Employers' Attitudes and Practices in the Hiring of Ex-Mental Hospital Patients" in the Greater Boston labor market. Interest in the findings of this study has been widespread, and over 100 copies of this report have been distributed to interested professional groups and agencies. A summary of this study will appear in the publication *Mental Hygiene* early in 1959. The other survey, now nearing completion, deals with the "Employment Experiences of Patients Discharged from Three State Mental Hospitals During the Period 1951-1953." The principal investigator for both studies is a member of the staff of the Massachusetts Rehabilitation Commission, presently on leave and working with the Joint Commission on Mental Illness and Health.

As a result of these studies, the staff has received many requests to participate in conferences and serve on committees to discuss the problems arising in this area and consider appropriate means for coping with them.

As a citizens' agency, the Massachusetts Association for Mental Health has met with the staffs of several state hospitals to explore with them ways of improving their relationships with the community, and with the local mental health associations.

Since 1950, the Association has offered an information and referral service for those individuals who do not know where to turn for help. The Association has established relationships with clinics, psychiatrists, social agencies of all

kinds, pastoral counseling services and a variety of other resources to meet specific needs. The demand for this service has been very extensive, and in nearly every instance the Association has been able to secure help for the individual concerned. The Association has also answered innumerable requests for information of all kinds from all parts of the Commonwealth.

In summary, the Massachusetts Association for Mental Health is a voluntary citizens' organization whose primary concern is to teach Massachusetts citizens to be aware of the problems of the mentally ill and to acquire a sense of responsibility for the improvement of the mental health of all people. The Association works through local chapters which are responsible for a part of the mental health programs in their communities. As the State Association through its local affiliates becomes strong and more truly state-wide, an active service program and concern with legislation will become important aspects of its program. The Department of Mental Health, which has the major responsibility for the care and treatment of the mentally ill, will be able to do its job more effectively as citizen interest, understanding and support of its efforts are mobilized.

2. The Massachusetts Association for Retarded Children

The Massachusetts Association for Retarded Children was founded in 1952 as a voluntary agency to promote the welfare of retarded persons in the Commonwealth. It is an affiliation of 30 autonomous, local voluntary associations throughout the state. There are more than 5,000 members, including parents, professionals, and interested laymen. The Massachusetts Association is itself affiliated with the National Association for Retarded Children, founded in 1950.

The Massachusetts Association is a coordinating agency and does not participate in service programs, which are carried on by individual units. The reasons for the development of associations for retarded children have been described as follows:

> The organizational movement of parents with mentally retarded children to group together in associations for the purpose of being able better collectively to improve the welfare of their children began in the early 1930's. During the postwar period it expanded widely so that in 1951 there were more than 125 such groups in the United States and Canada, enrolling approximately 13,000 active members as well as several thousand others on an associate basis. Among the reasons contributing to this growth are the following: (1) evidence that institutions operating under state appropriations are limited in what they can do for the children; (2) increasing awareness that the usual public school programs are unsuited for such children; (3) more general dissemination of knowledge of advances in techniques relating to mental retardation; (4) rise of questioning and challenge of the validity of the finality implicit in the words: "Nothing can be done for your child"; (5) desire of parents to learn what more can be done for these children and to pursue projects in their behalf; (6) strengthening conviction that the responsibility is social—that, as funds are raised and appropriated for the benefit of the physically handicapped so also should money be provided for building a fuller life for the mentally handicapped; and (7) realization that it is not enough spiritually just to care for one's own child.[1]

The work of the Massachusetts Association for Retarded Children includes organization, service, and public education.

[1] Woodhull Hay, "Associations for Patients of Mental Retardates," *Encyclopedia Americana*, XVII (Chicago, 1957), p. 649.

a. Organization and Service

Beginning with the formation of the Boston Association for Retarded Children in 1945, the oldest group of its kind in the Commonwealth, the movement spread rapidly to other sections of the state, usually with the assistance of the Boston chapter and of the State Association organized in 1952. The work of the State Association was also greatly assisted by the creation by the General Court in 1952 of the Special Commission Established to Make an Investigation and Study Relative to Training Facilities Available for Retarded Children.

The National Association for Retarded Children was organized in 1950. It works closely with the United States Department of Health, Education, and Welfare, the American Association for Mental Deficiency, and other public and private groups. This group is also of great assistance to the State Association.

The State Association helps local chapters to organize and to carry on community education toward better understanding of the problems of retardation. Every effort is made by the Association in its work to utilize advisory committees of psychiatrists, physicians and other experts.

As of June, 1958, all but three areas of the state have been organized. These are Haverhill, part of Plymouth County and Taunton. All four state schools have units affiliated with the State Association.

The objective of the Massachusetts Association for Retarded Children is to plan and coordinate services for the retarded, so that such services eventually will become part of general communtiy services. The services for the retarded are carried on locally, either in the community or in the state schools.

These efforts require: (1) *an over-all plan* by the State Association based on the needs of the retarded; (2) *demonstration projects* by local units; and (3) *integration into general community services* when the project has proved its value.

The *over-all plan* of the Massachusetts Association for Retarded Children is based on their needs for services to prepare them for daily living, and their needs as handicapped persons for certain specialized services. These should include early diagnosis and evaluation of abilities; nursery training; parent counseling; social training and recreation; education, geared to individual learning potential and age; vocational training and counseling, and residential care when needed. Research in management of the retarded and prevention of retardation, and training of personnel, are important parts of the plan, for effective services to the retarded depend upon research and training of personnel.

Demonstration projects are conducted by local chapters of the Association in nearly all areas of the state. Many of the 140,000 retarded children in Massachusetts, including about 7,100 at the state schools, are benefiting from services which were formerly unavailable. Services provided by the 30 local units range from single activities in some areas to almost complete programs by the larger units, beginning with diagnosis and going as far as vocational training. Every unit conducts local meetings to promote parent and public education, and each has at least one activity, such as recreation for the children. Every unit contributes either directly, or indirectly through its membership dues to the State Association, to scholarships for training personnel. Most local associations contribute to their nearest state school volunteer service, and the state school units all provide additional equipment and help to their particular school. Some of the state school units and outlying units also contribute to the Children's Medical Center Retardation Counseling Service, operated by the Boston unit.

Integration into general community services of local demonstration projects has already been accomplished in several important areas of service. The measure of value of Association activity is its final acceptance by the community. Classes

for the trainable retarded are now by law a part of the public school system. Nursery clinics are now operated jointly by the Department of Mental Health and the Association. Certain retarded young adults are accepted as clients by the Massachusetts Rehabilitation Commission. Some communities voluntarily have taken responsibility for the recreation of the retarded.

b. Public Education

The main interest of the Massachusetts Association for Retarded Children is public education. As a coordinating agency dedicated to the eventual integration of its local specialized services into more generalized community services, its first duty is to make the public more aware of the problems of retarded children.

The Association believes that every child has the right to expect the greatest possible protection against the occurrence of preventable mental handicap before, during and after birth; and the right, if he has a handicap, to be given an opportunity to develop his potentialities to the maximum. Public education concerning mental retardation has had to start with the promotion of this belief, because of misconceptions regarding the nature and causes of mental retardation, not only among the general public, but even among the professionals who work with these children.

The Massachusetts Association directs a large part of its efforts toward information for parents. It publishes a monthly newspaper, and maintains a speakers' bureau for the monthly meetings of the local units. These monthly meetings are a valuable source of education and assistance for parents. Knowledge that they are not alone and share certain problems and difficulties gives them invaluable help.

The Association has begun to provide professional counseling at the Children's Medical Center Retardation Counseling Service group therapy sessions for parents, and parent counselors who have been specially trained to fill gaps in available professional service.

Workshops and seminars at semi-annual meetings and the annual conventions of the Association also are utilized to inform members of the latest developments in programs to aid the retarded. To encourage the training of professional workers in the field of mental retardation, the Association works with universities, notably Boston University, Boston College, and the Tufts University Nursery School Program, and with private and public agencies such as the Massachusetts Medical Society, the Massachusetts Conference of Social Work, the Massachusetts Special Commission . . . for Retarded Children, and the state Departments of Mental Health and Education, in an effort to include discussions of mental retardation in their programs, conferences, institutes and conventions. The Association also has conducted its own institutes in collaboration with the National Association. The units of the Association provide direct support of professional education in the form of scholarship aid in the various disciplines concerned with mental retardation.

The Association conducts an information program for the general public, utilizing all the mass media. During the annual fund-raising campaign, volunteers distribute pamphlets and brochures containing general information about mental retardation and specific information about programs at the national, state and local levels.

One of the most dramatic tools the Association has developed is its half-hour color motion picture, "Child Alone." This film, produced in 1957, has had numerous showings before professional, civic and fraternal groups and has been shown on television throughout the state. The film was prepared with

the Department of Mental Health, and has been approved by the Department as a vehicle of public information.

The Massachusetts Association also works actively with the Department of Mental Health to encourage visits by interested persons to the various state schools. For example, a program at the Wrentham State School, operated by the Wrentham Association, has resulted in better service to the retarded as well as better understanding of their problems. In many cases, individuals and clubs who have visited the School have "adopted" some of the state wards, providing many additional comforts for them and taking a personal interest in their welfare. About 70 per cent of the less severely retarded at state schools are without families and are committed as wards of the state.

The Massachusetts Association for Retarded Children has been most effective in its campaign to educate the legislative and executive branches of state government in the needs of the retarded. The Massachusetts Association has recognized the great importance of supporting the general budgets of those departments which care for the retarded.

The Association sponsored the creation of the Special Commission Established to Make an Investigation and Study Relative to Training Facilities for Retarded Children, one of whose members must be a member of the Association; the establishment of the Division of Special Education; the passage of laws enlarging the scope of public school education for the retarded; the expansion of training programs for special class teachers at Fitchburg State Teachers College; and the creation of the joint program by the Department of Mental Health and the Massachusetts Association for the Retarded Children to provide diagnosis, counseling of parents, and nursery training for the pre-school age child. The Association also has recommended increased state appropriations for personnel and facilities to care for the retarded.

Mention should be made, in connection with the public education program, of the interest which the Massachusetts Association has in the work of other agencies for the handicapped. The Association maintains close liaison with agencies for the blind, the deaf, those with cerebral palsy, and the emotionally disturbed. The Association predicates its actions on the belief that advances in social welfare come from cooperating in every way in programs to promote physical, mental, and social health.

c. Future Needs

There is need for further clarification of the relation of the over-all plan of service of the Association to the state school. Activities of Association units at state schools have centered around providing additional services and comforts to the retarded, because of the antiquated buildings and equipment at the state schools. With the guidance of the State Association, these units are beginning to plan projects to bring the institution into more direct relationship with the community and with community services such as support of consultants from teaching hospitals and educational centers.

The Massachusetts Association favors increased use of the state school as a community agency; for example, as a day center for community services. Conversely, the Association believes that the state school should make more use of other community agencies, by the coordination of its diagnostic and treatment services with those in general medical centers, and coordination of school activities with centers for education, social work and other disciplines.

There is confusion in the public mind as to responsibility for the retarded, both those in residential centers who comprise only five per cent of the retarded, and the 95 per cent who live in the community. The local community assumes

no responsibility for its children in state schools; the public is too apt to assume that *all* the retarded can be cared for in state schools. The Massachusetts Association would like to see the state school become the center of all community services to the retarded, where the community can look for guidance and help.

Many problems remain in the field of mental retardation; the Massachusetts Association for Retarded Children is ready to help parents, professionals, and the community in any way it can.

APPENDIX E

Statistical Data: Expenditures, Personnel, Patients

The data in this appendix were furnished by the state Comptroller and his staff, from Comptroller's Bureau records and from *Institution Statistics,* a series of tabulations by the Bureau pertaining to the cost of operating and maintaining state institutions. The following definitions are used by the Comptroller:

1. *Year:* Fiscal year. The fiscal year was changed from December 1-November 30 to July 1-June 30, effective July 1, 1943.
2. *Maintenance:* The expense of maintaining and operating an institution. It does not include expenditures for special construction, etc.
3. *Expenditures:* The expenses incurred during a fiscal year for maintenance and operation whether paid or unpaid. The expenditures of the year 1946 represent cash payments only. Liabilities of the 1946 year, which were paid, are included as expenditures in the year 1947.
4. *Receipts:* Monies received by the Commonwealth for services rendered or sales made by an institution.
5. *Net Expenditures:* Expenditures minus receipts.
6. *Average Number of Employees:* A daily average derived by totalling the number of employees each day for a month and dividing this total by the number of days in the month; then totalling these monthly averages and dividing the result by twelve.
7. *Average Number of Patients or Inmates:* A daily average derived by totalling the number of patients or inmates each day for a month and dividing this total by the number of days in the month; then totalling these monthly averages and dividing the result by twelve.
8. *Average Number Fed:* A daily average derived by dividing the cumulative number of meals served for the fiscal year by three times the number of days in the fiscal year.
9. *Per Capita Food Cost:* An annual average derived by dividing the total cost of food purchased in the fiscal year by the Daily Average Number Fed.
10. *Net Annual Per Capita Cost:* An annual average derived by dividing Net Expenditures by the Average Daily Number of Patients or Inmates.
11. *Number of Outpatients:* The number of outpatient admissions for the fiscal year.

It should also be noted that some of the institutions maintain farms, providing food for their own use and reducing food costs.

These data are all not directly comparable with figures appearing in the text of this report, which were compiled by the Department of Mental Health, in some cases on different bases. In addition, because of roundings data in the charts will not always add to the totals.

TABLE E-1

DEPARTMENT OF MENTAL HEALTH

TOTAL EXPENDITURES AND RECEIPTS, GENERAL FUND SELECTED FISCAL YEARS---1941 TO 1957

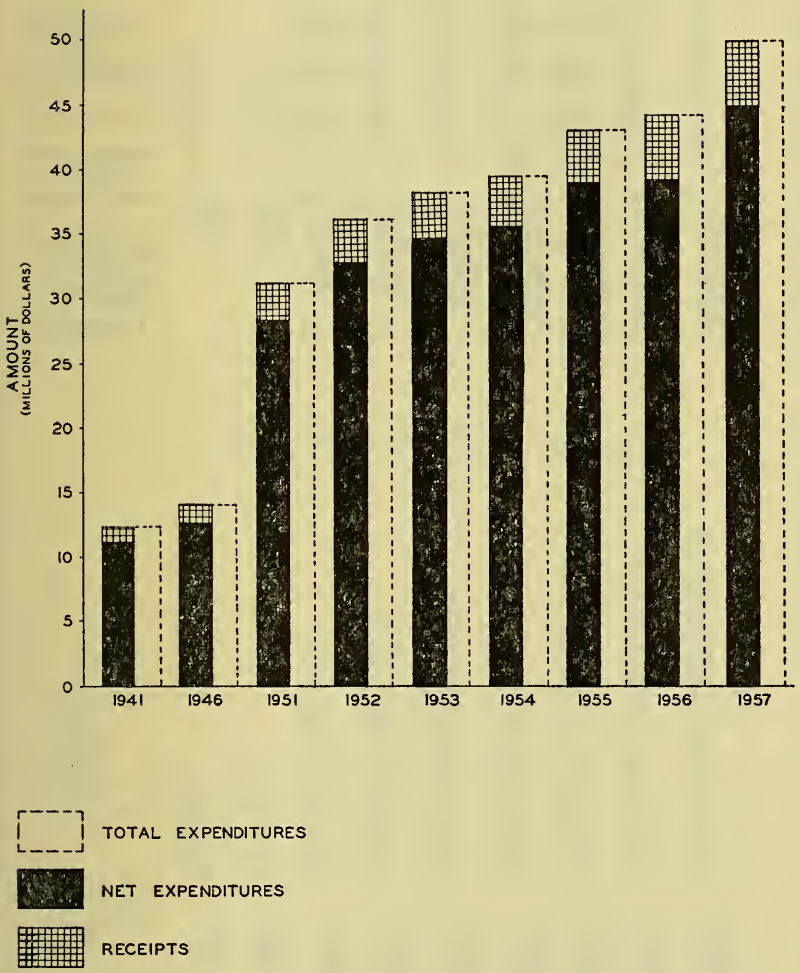


TABLE E-1

Department of Mental Health
Total Expenditures and Receipts, General Fund
Selected Fiscal Years, 1941 to 1957

Year	Expenditures	Receipts	Net Expenditures
1941	$12,314,203.61	$1,067,539.92	$11,246,663.69
1946	13,969,010.74	1,386,187.01	12,582,823.73
1951	31,206,946.70	2,876,426.96	28,330,522.74
1952	36,231,199.24	3,218,276.21	33,012,923.03
1953	38,340,710.38	3,457,000.38	34,883,710.00
1954	39,476,318.15	3,878,923.16	35,597,394.99
1955	43,147,674.41	4,243,173.84	38,904,500.57
1956	44,314,251.08	5,006,667.90	39,307,583.18
1957	48,885,238.18	5,081,558.14	43,803,680.04

FIGURE E-2

DEPARTMENT OF MENTAL HEALTH

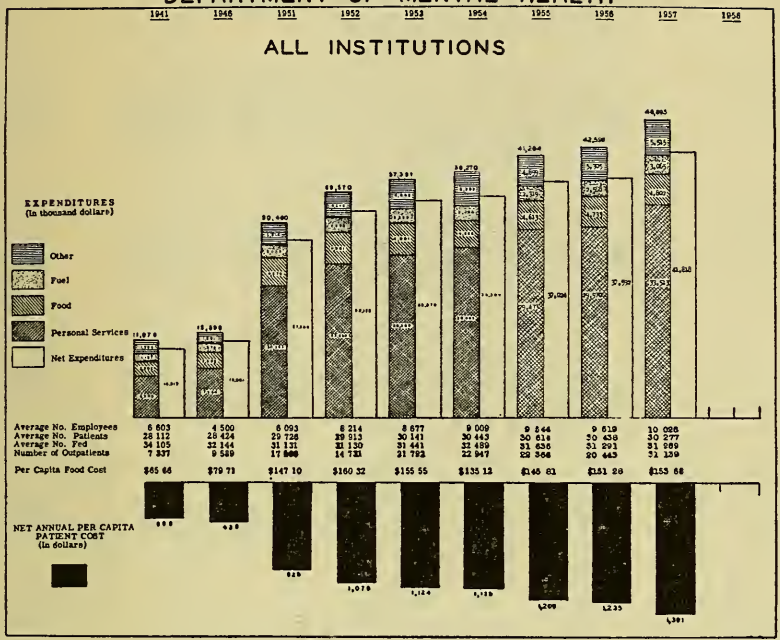


FIGURE E-3

BELCHERTOWN STATE SCHOOL

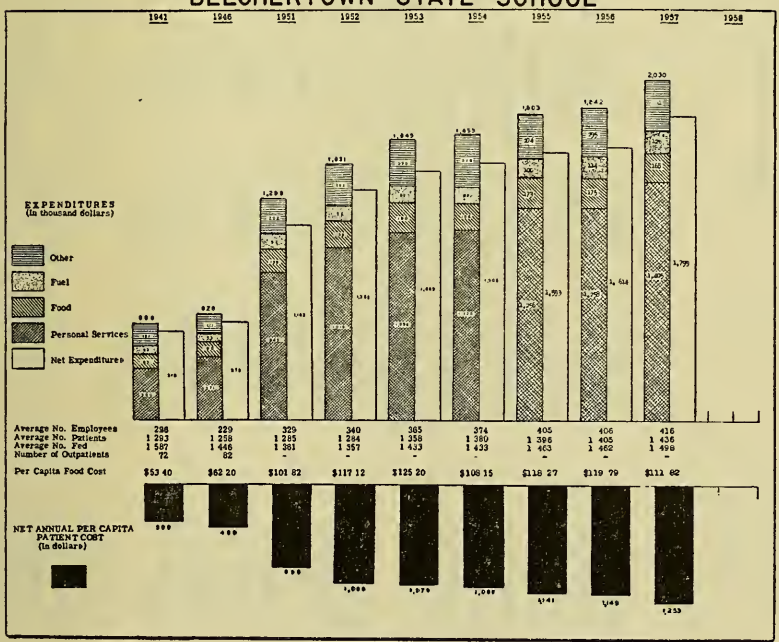


TABLE E-2

Massachusetts Department of Mental Health
All Institutions
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$ 6,500,143.11	$ 7,563,602.36	$20,362,730.95	$23,898,695.07	$25,558,988.77	$26,468,531.61	$29,432,858.04	$29,969,624.19	$33,513,347.48
Food	2,205,237.19	2,562,090.97	4,579,384.40	4,990,766.21	4,890,722.57	4,254,916.13	4,612,822.15	4,733,635.44	4,801,705.32
Fuel	1,187,217.46	1,378,084.40	2,003,703.20	2,238,490.52	2,239,340.22	2,283,082.75	2,319,012.24	2,588,129.42	3,064,825.74
Other	1,986,298.93	1,881,108.40	3,514,312.94	4,241,593.22	4,642,034.13	5,263,458.46	4,899,001.51	5,304,745.50	5,515,229.08
Total Expenditures	$11,878,896.69	$13,384,886.13	$30,460,131.49	$35,369,545.02	$37,331,085.69	$38,269,988.95	$41,263,693.94	$42,596,134.55	$46,895,107.62
Less Receipts	1,065,489.25	1,384,092.88	2,874,511.14	3,216,466.52	3,452,694.47	3,875,793.68	4,239,868.69	5,004,249.41	5,077,522.05
Net Expenditures	$10,813,407.44	$12,000,793.25	$27,585,620.35	$32,153,078.50	$33,878,391.22	$34,394,195.27	$37,023,825.25	$37,591,885.14	$41,817,585.57
Population									
Average No. Employees	6,603	4,500	8,093	8,214	8,677	9,009	9,544	9,619	10,026
Average No. Patients	28,112	28,424	29,726	29,913	30,141	30,443	30,614	30,438	30,277
Average No. Fed	34,105	32,144	31,131	31,130	31,441	31,489	31,636	31,291	31,269
Outpatient Visits	7,337	9,588	17,106	14,731	21,792	22,947	22,366	20,443	31,139
Per Capita Cost									
Food—(cost per person fed)	$65.66	$79.71	$147.10	$160.32	$155.55	$135.12	$145.81	$151.28	$153.56
Patient—(net cost per patient)	$384.65	$422.21	$928.00	$1,074.89	$1,124.00	$1,129.79	$1,209.38	$1,235.03	$1,381.17

TABLE E-3

Massachusetts Department of Mental Health
Belchertown State School
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$299,500.28	$370,707.13	$ 865,016.72	$1,015,305.50	$1,098,051.26	$1,119,910.21	$1,255,580.00	$1,257,550.36	$1,405,080.04
Food	84,757.80	90,515.82	138,578.53	158,927.48	179,415.66	156,056.08	173,023.01	175,134.15	167,510.33
Fuel	52,289.83	53,128.80	92,005.32	91,836.23	97,025.55	96,648.63	100,328.44	114,101.31	126,400.00
Other	121,212.44	111,008.87	202,329.37	264,806.11	270,258.17	320,404.62	273,736.93	295,042.09	331,428.18
Total Expenditures	$557,760.35	$625,360.62	$1,297,929.94	$1,530,875.32	$1,644,750.54	$1,693,019.54	$1,802,668.38	$1,841,827.91	$2,030,418.55
Less Receipts	41,415.58	49,964.70	156,068.67	178,875.43	185,657.21	190,373.81	210,142.52	227,675.76	230,965.20
Net Expenditures	$516,344.77	$575,395.92	$1,141,861.27	$1,351,999.89	$1,459,093.33	$1,502,645.73	$1,592,525.86	$1,614,152.15	$1,799,453.35
Population									
Average No. Employees	296	229	329	340	365	374	405	406	416
Average No. Patients	1,293	1,256	1,285	1,284	1,358	1,380	1,396	1,405	1,436
Average No. Fed	1,587	1,446	1,361	1,357	1,433	1,443	1,463	1,462	1,498
Outpatient Visits	72	82	..	..	..	..	..	..	..
Per Capita Cost									
Food—(cost per person fed)	$53.40	$62.20	$101.82	$117.12	$125.20	$108.15	$118.27	$119.79	$111.82
Patient—(net cost per patient)	$399.36	$458.12	$888.61	$1,052.96	$1,074.44	$1,088.87	$1,140.78	$1,148.86	$1,253.10

FIGURE E-4

MASSACHUSETTS MENTAL HEALTH CENTER

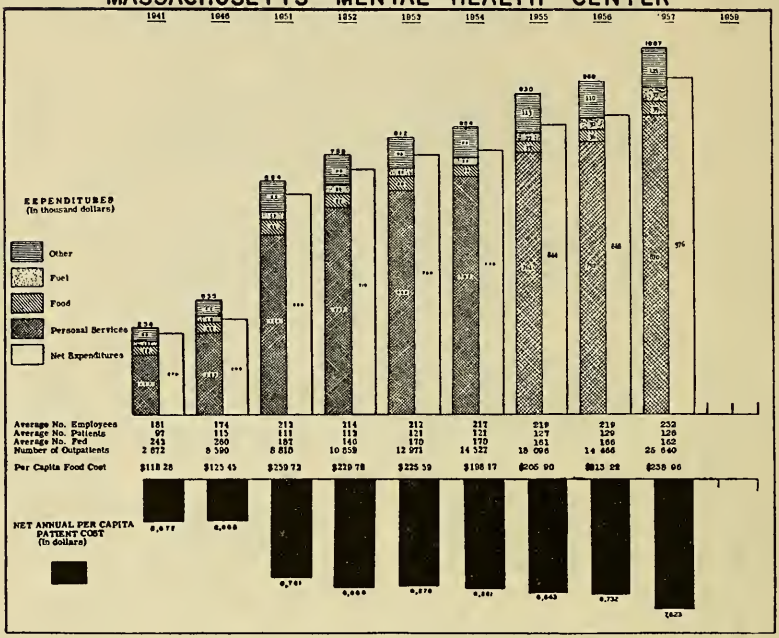


FIGURE E-5

BOSTON STATE HOSPITAL

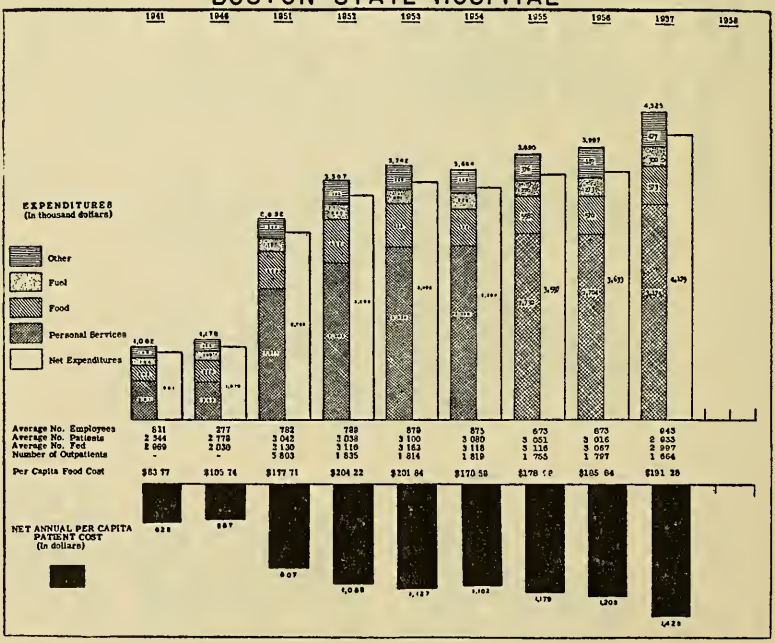


TABLE E-4

Massachusetts Department of Mental Health
Massachusetts Mental Health Center (formerly Boston Psychopathic Hospital)
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$176,556.09	$239,138.44	$525,570.32	$606,593.86	$657,853.44	$706,703.20	$761,350.00	$791,793.43	$ 870,148.00
Food	28,741.37	32,616.80	43,374.64	36,767.19	38,350.43	33,688.23	33,150.43	35,821.43	38,715.22
Fuel	15,012.99	18,572.18	26,209.61	25,532.03	23,503.94	21,809.55	22,072.81	30,228.39	37,294.07
Other	33,304.36	45,125.76	89,317.94	90,544.25	92,512.63	91,890.46	113,226.37	109,958.01	121,229.06
Total Expenditures	$253,614.81	$335,453.18	$684,472.51	$759,437.33	$812,220.44	$854,091.44	$929,799.61	$967,801.26	$1,067,386.35
Less Receipts	13,326.84	52,810.68	41,694.06	40,350.74	52,847.15	80,777.16	86,192.50	99,331.77	91,668.84
Net Expenditures	$240,287.97	$282,642.50	$642,778.45	$719,086.59	$759,373.29	$773,314.28	$843,607.11	$868,469.49	$ 975,717.51
Population									
Average No. Employees	181	174	213	214	212	217	219	219	232
Average No. Patients	97	115	111	113	121	121	127	129	128
Average No. Fed	243	260	167	160	170	170	161	168	162
Outpatient Visits	2,872	6,590	8,610	10,659	12,971	14,527	15,096	14,466	25,640
Per Capita Cost									
Food—(cost per person fed)	$118.28	$125.45	$259.73	$229.79	$225.59	$198.17	$205.90	$213.22	$238.98
Patient—(net cost per patient)	$2,477.28	$2,458.04	$5,790.80	$6,363.60	$6,275.81	$6,391.03	$6,642.58	$6,732.32	$7,622.79

TABLE E-5

Massachusetts Department of Mental Health
Boston State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$ 561,476.03	$ 548,715.90	$1,910,903.89	$2,305,525.75	$2,533,494.41	$2,556,195.45	$2,730,115.50	$2,703,913.72	$3,174,928.54
Food	248,721.28	320,390.58	556,237.56	636,779.87	638,435.72	531,552.50	557,702.37	569,979.22	573,188.37
Fuel	104,328.51	146,054.10	187,093.87	230,484.08	201,447.84	221,792.72	225,660.55	273,414.00	300,300.00
Other	147,877.44	154,459.40	297,560.19	334,678.77	368,532.33	359,423.60	376,299.60	449,265.28	476,721.60
Total Expenditures	$1,062,403.26	$1,169,619.98	$2,951,795.51	$3,507,468.47	$3,741,910.30	$3,668,964.27	$3,889,778.02	$3,996,572.22	$4,525,138.51
Less Receipts	71,260.29	91,946.14	193,669.80	217,528.14	247,213.46	275,107.82	292,579.73	363,611.05	346,196.31
Net Expenditures	$ 991,142.97	$1,077,673.84	$2,758,125.71	$3,289,940.33	$3,494,696.84	$3,393,856.45	$3,597,198.29	$3,632,961.17	$4,178,942.20
Population									
Average No. Employees	621	277	782	799	879	875	873	873	943
Average No. Patients	2,344	2,779	3,042	3,038	3,100	3,080	3,051	3,016	2,933
Average No. Fed	2,969	3,030	3,130	3,118	3,163	3,116	3,116	3,067	2,997
Outpatient Visits	..	..	5,603	1,835	1,814	1,619	1,755	1,797	1,664
Per Capita Cost									
Food—(cost per person fed)	$83.77	$105.74	$177.71	$204.23	$201.84	$170.59	$178.98	$185.84	$191.25
Patient—(net cost per patient)	$422.76	$387.40	$906.68	$1,082.93	$1,127.32	$1,101.90	$1,179.02	$1,204.56	$1,424.80

FIGURE E-6

DANVERS STATE HOSPITAL

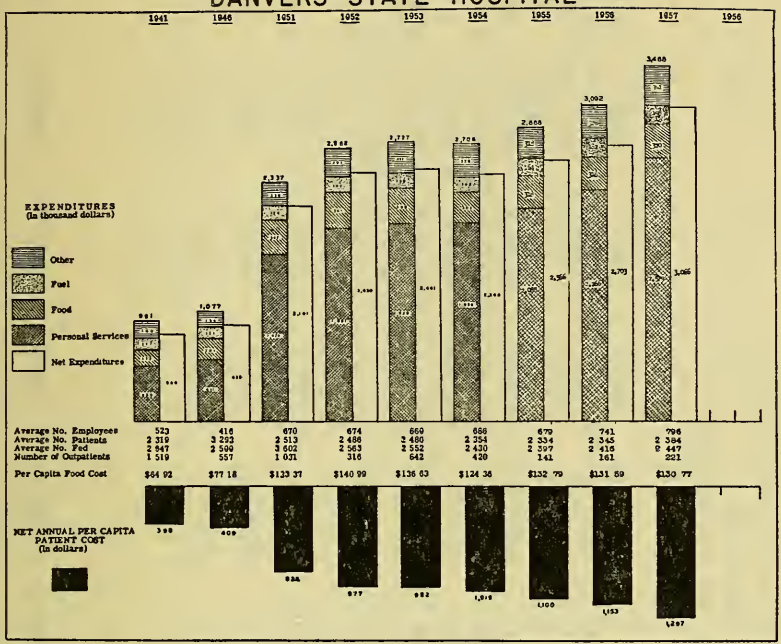


FIGURE E-7

WALTER E. FERNALD STATE SCHOOL

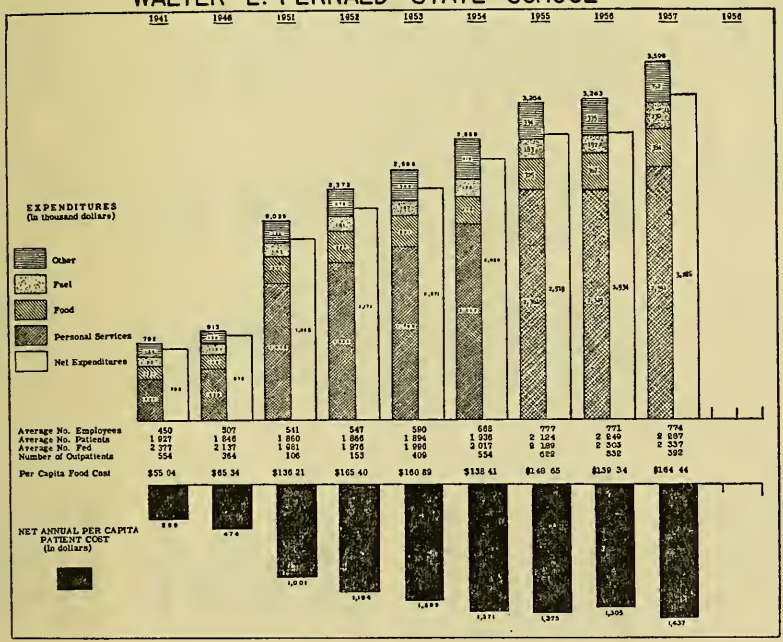


TABLE E-6

Massachusetts Department of Mental Health
Danvers State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$529,938.70	$ 610,789.20	$1,627,424.17	$1,881,530.96	$1,928,811.62	$1,935,744.32	$2,087,761.73	$2,265,457.69	$2,579,094.11
Food	171,867.56	200,593.13	347,017.83	361,352.11	349,184.42	302,186.49	318,306.20	317,918.70	319,988.72
Fuel	111,165.19	110,969.53	124,295.76	146,742.20	137,772.62	141,545.91	164,272.10	182,254.96	197,902.21
Other	167,639.23	154,253.20	238,274.95	292,640.77	310,861.89	326,529.43	317,689.30	326,304.83	390,670.52
Total Expenditures	$980,610.68	$1,076,605.06	$2,337,012.71	$2,682,266.04	$2,726,630.55	$2,706,006.15	$2,888,029.33	$3,091,936.18	$3,487,655.56
Less Receipts	124,751.28	138,644.06	236,423.51	252,560.46	265,979.18	307,232.55	321,539.23	388,475.91	420,090.29
Net Expenditures	$855,859.40	$ 937,961.00	$2,100,589.20	$2,429,705.58	$2,460,651.37	$2,398,773.60	$2,566,490.10	$2,703,460.27	$3,067,565.27
Population									
Average No. Employees	523	416	670	674	669	666	679	741	796
Average No. Patients	2,319	2,293	2,513	2,486	2,480	2,354	2,334	2,345	2,384
Average No. Fed	2,647	2,599	2,602	2,563	2,552	2,430	2,397	2,416	2,447
Outpatient Visits	1,519	557	1 ,031	316	642	420	141	161	221
Per Capita Cost									
Food—(cost per person fed)	$64.92	$77.18	$133.37	$140.99	$136.83	$124.36	$132.79	$131.59	$130.77
Patient—(net cost per patient)	$369.20	$409.05	$835.89	$977.36	$992.20	$1,019.02	$1,099.61	$1,152.86	$1,286.73

TABLE E-7

Massachusetts Department of Mental Health
Walter E. Fernald State School
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$426,623.04	$530,579.14	$1,400,085.38	$1,623,409.00	$1,769,509.98	$2,004,757.94	$2,360,739.79	$2,349,126.92	$2,591,488.25
Food	130,841.37	139,629.26	273,801.41	326,840.06	321,464.93	279,181.94	325,402.27	366,967.33	384,305.65
Fuel	90,268.52	112,855.40	141,961.04	150,590.84	166,812.55	174,852.69	183,453.56	192,903.90	229,698.65
Other	134,374.11	129,779.83	222,954.09	272,371.12	307,655.18	410,155.84	334,457.38	334,656.30	392,436.91
Total Expenditures	$782,107.04	$912,843.63	$2,038,801.92	$2,373,211.02	$2,565,442.64	$2,868,948.41	$3,204,053.00	$3,243,654.45	$3,597,929.46
Less Receipts	40,322.95	37,828.36	176,237.38	201,640.07	194,538.62	214,766.63	284,572.79	309,207.46	311,599.63
Net Expenditures	$741,784.09	$875,015.27	$1,862,564.54	$2,171,570.95	$2,370,904.02	$2,654,181.78	$2,919,480.21	$2,934,446.99	$3,286,329.83
Population									
Average No. Employees	450	307	541	547	590	668	777	771	774
Average No. Patients	1,927	1,846	1,860	1,866	1,894	1,936	2,124	2,249	2,287
Average No. Fed	2,377	2,137	1,981	1,976	1,998	2,017	2,189	2,303	2,337
Outpatient Visits	554	364	106	153	409	554	522	532	392
Per Capita Cost									
Food—(cost per person fed)	$55.04	$65.34	$138.21	$165.40	$160.89	$138.41	$148.65	$159.34	$164.44
Patient—(net cost per patient)	$385.84	$473.72	$1,001.38	$1,163.76	$1,251.80	$1,370.96	$1,374.52	$1,304.78	$1,436.96

FIGURE E-8

FOXBOROUGH STATE HOSPITAL

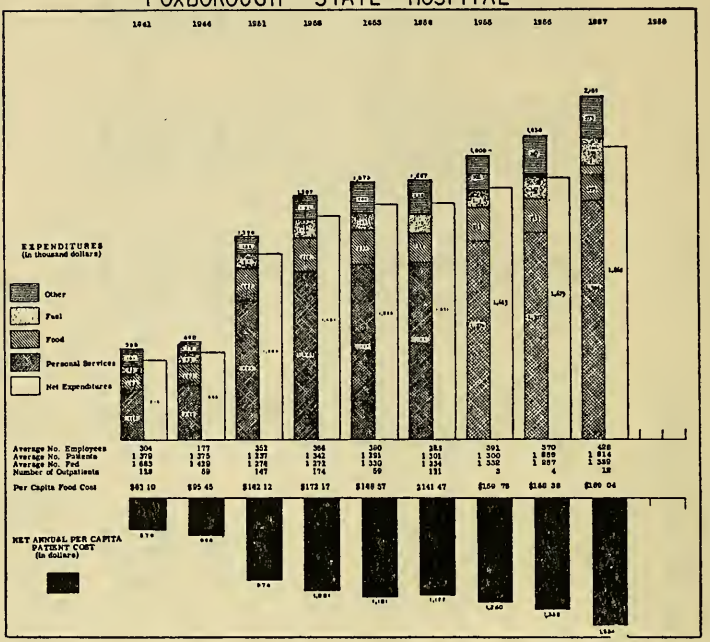


FIGURE E-9

GARDNER STATE HOSPITAL

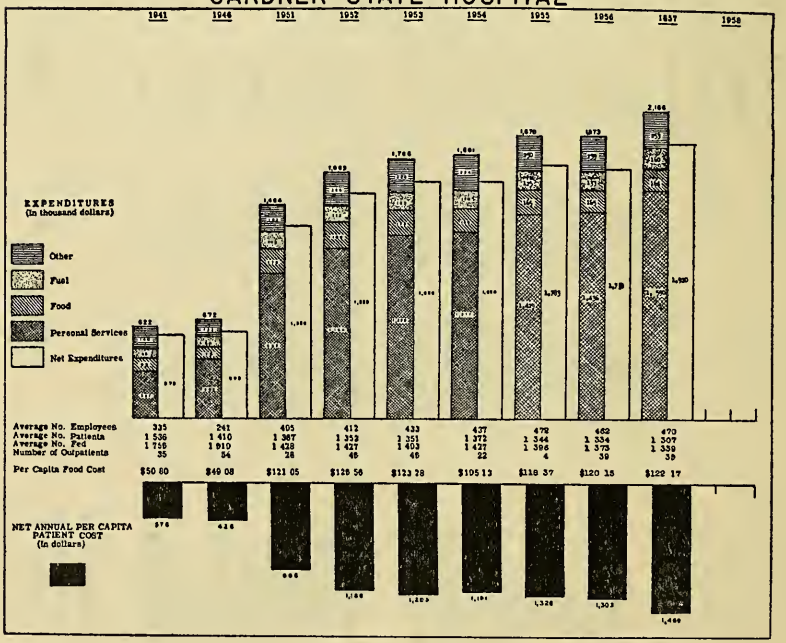


TABLE E-8

Massachusetts Department of Mental Health
Foxborough State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

	1941	1946	1951	1952	1953	1954	1955	1956	1957
Expenditures									
Personal Services	$328,993.59	$356,268.67	$ 904,173.95	$1,084,682.21	$1,137,051.76	$1,160,410.10	$1,276,276.62	$1,327,176.53	$1,524,584.92
Food	106,202.76	136,402.16	206,869.65	218,997.04	224,194.94	188,715.75	212,782.62	213,340.54	225,158.40
Fuel	51,707.30	68,122.07	96,490.00	121,214.48	106,646.05	118,544.16	119,415.82	146,978.78	158,899.01
Other	100,661.67	78,912.25	120,377.19	162,210.86	204,194.54	229,023.03	200,707.90	246,693.92	272,762.93
Total Expenditures	$587,565.32	$639,705.15	$1,327,910.79	$1,587,104.59	$1,672,087.29	$1,696,693.04	$1,809,182.96	$1,934,189.77	$2,181,405.26
Less Receipts	71,587.19	73,970.67	123,654.91	136,410.64	146,939.23	165,232.33	196,614.54	255,180.94	319,088.69
Net Expenditures	$515,978.13	$565,734.48	$1,204,255.88	$1,450,693.95	$1,525,148.06	$1,531,460.71	$1,612,568.42	$1,679,008.83	$1,862,316.57
Population									
Average No. Employees	304	177	352	366	380	383	391	370	428
Average No. Patients	1,379	1,275	1,237	1,342	1,291	1,301	1,300	1,258	1,214
Average No. Fed	1,683	1,429	1,276	1,272	1,330	1,334	1,332	1,267	1,332
Outpatient Visits	158	89	167	174	59	121	3	4	12
Per Capita Cost									
Food—(cost per person fed)	$63.10	$95.45	$162.12	$172.17	$168.57	$141.47	$159.75	$168.38	$169.04
Patient—(net cost per patient)	$374.40	$443.56	$973.53	$1,080.99	$1,181.37	$1,177.14	$1,240.44	$1,334.67	$1,534.03

TABLE E-9

Massachusetts Department of Mental Health
Gardner State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$326,663.65	$401,922.11	$ 987,333.64	$1,164,396.42	$1,258,184.37	$1,277,263.54	$1,429,272.62	$1,435,978.58	$1,590,367.09
Food	89,211.70	79,027.67	172,857.67	180,602.59	172,963.34	150,018.22	165,244.11	164,962.96	163,589.33
Fuel	66,042.24	68,873.10	111,899.22	111,751.13	122,920.78	120,293.52	125,205.16	133,000.00	159,900.00
Other	140,279.30	122,005.93	191,918.24	228,700.92	226,153.76	253,388.50	250,492.57	238,943.87	252,631.95
Total Expenditures	$622,196.89	$671,828.81	$1,464,008.77	$1,685,451.06	$1,780,222.25	$1,800,963.78	$1,970,214.46	$1,972,885.41	$2,166,488.37
Less Receipts	49,646.26	76,509.96	144,372.88	147,913.03	154,556.65	180,800.18	187,657.75	234,560.76	246,383.01
Net Expenditures	$572,550.63	$595,318.85	$1,319,635.89	$1,537,538.03	$1,625,665.60	$1,620,163.60	$1,782,556.71	$1,738,324.65	$1,920,105.36
Population									
Average No. Employees	335	241	405	412	433	437	472	462	470
Average No. Patients	1,536	1,410	1,367	1,353	1,351	1,372	1,344	1,334	1,307
Average No. Fed	1,756	1,610	1,428	1,427	1,403	1,427	1,396	1,373	1,339
Outpatient Visits	35	54	28	46	46	22	4	39	35
Per Capita Cost									
Food—(cost per person fed)	$50.80	$49.08	$121.05	$126.56	$123.28	$105.13	$118.37	$120.15	$122.17
Patient—(net cost per patient)	$372.84	$422.21	$965.35	$1,136.39	$1,203.31	$1,180.88	$1,326.31	$1,303.09	$1,469.09

FIGURE E-10

GRAFTON STATE HOSPITAL

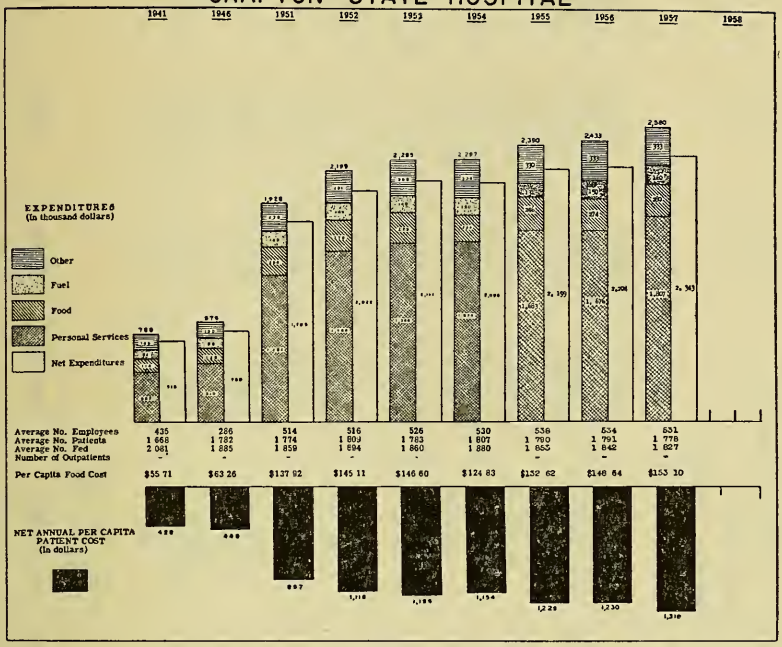


FIGURE E-11

MEDFIELD STATE HOSPITAL

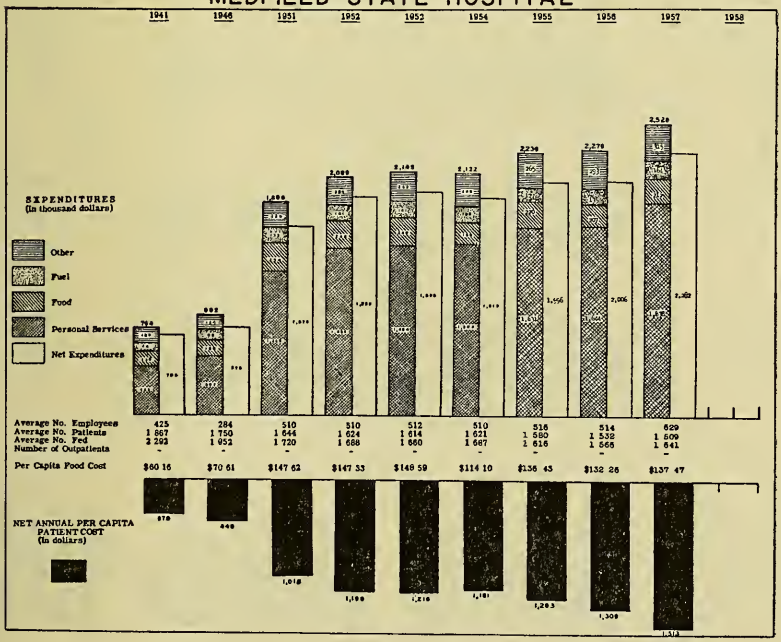


TABLE E-10

Massachusetts Department of Mental Health
Grafton State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$437,015.61	$509,690.42	$1,292,728.60	$1,499,042.51	$1,567,705.00	$1,573,718.01	$1,683,495.68	$1,676,109.34	$1,806,866.83
Food	115,946.90	126,208.09	256,396.80	274,836.06	272,681.86	234,678.81	245,741.20	273,790.16	279,710.59
Fuel	81,761.46	87,919.51	138,309.23	143,790.10	148,689.72	149,763.79	130,841.63	149,758.11	160,400.00
Other	133,462.38	150,240.55	238,772.04	281,363.79	305,439.46	338,824.93	330,053.17	333,160.83	333,160.77
Total Expenditures	$768,186.35	$874,058.57	$1,926,206.67	$2,199,032.46	$2,294,516.04	$2,296,985.54	$2,390,131.68	$2,432,818.44	$2,580,138.19
Less Receipts	56,512.35	76,270.54	157,323.87	177,388.55	183,698.03	211,017.95	191,108.87	229,316.83	237,408.72
Net Expenditures	$711,674.00	$797,788.03	$1,768,882.80	$2,021,643.91	$2,110,818.01	$2,085,967.59	$2,199,022.81	$2,203,501.61	$2,342,729.47
Population									
Average No. Employees	435	286	514	516	526	530	538	534	531
Average No. Patients	1,668	1,782	1,774	1,809	1,783	1,807	1,790	1,791	1,778
Average No. Fed	2,081	1,995	1,859	1,894	1,860	1,880	1,853	1,842	1,827
Outpatient Visits	..	..	..	..	..	..	..	..	..
Per Capita Cost									
Food—(cost per person fed)	$55.71	$63.26	$137.92	$145.11	$146.60	$124.83	$132.62	$148.64	$153.10
Patient—(net cost per patient)	$429.00	$447.69	$997.12	$1,117.55	$1,183.86	$1,154.38	$1,228.50	$1,230.32	$1,317.62

TABLE E-11

Massachusetts Department of Mental Health
Medfield State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

	1941	1946	1951	1952	1953	1954	1955	1956	1957
Expenditures									
Personal Services	$424,878.00	$507,552.46	$1,259,224.32	$1,455,795.11	$1,494,250.00	$1,503,567.98	$1,630,755.00	$1,644,374.79	$1,837,653.81
Food	137,903.57	137,901.05	253,900.00	248,688.00	248,315.96	190,198.42	220,472.62	206,985.73	211,838.84
Fuel	74,558.48	93,160.21	134,593.51	141,021.46	140,449.91	137,857.11	122,446.77	134,948.54	163,556.95
Other	127,077.44	123,848.21	220,153.22	253,766.37	262,144.73	290,222.13	265,321.71	292,700.34	314,946.76
Total Expenditures	$764,417.49	$862,461.93	$1,867,871.05	$2,099,270.94	$2,145,160.60	$2,121,845.64	$2,238,996.10	$2,279,009.40	$2,527,996.36
Less Receipts	56,189.77	86,984.77	194,273.84	173,758.44	179,941.50	207,304.48	243,017.46	272,654.86	245,520.38
Net Expenditures	$708,227.72	$775,477.16	$1,673,597.21	$1,925,512.50	$1,965,219.10	$1,914,541.16	$1,995,978.64	$2,006,354.54	$2,282,475.98
Population									
Average No. Employees	425	284	510	510	512	510	516	514	529
Average No. Patients	1,867	1,750	1,644	1,624	1,614	1,621	1,580	1,532	1,509
Average No. Fed	2,292	1,953	1,720	1,688	1,660	1,667	1,616	1,565	1,541
Outpatient Visits	..	..	..	..	.	..	..	..	..
Per Capita Cost									
Food—(cost per person fed)	$60.16	$70.61	$147.62	$147.33	$149.59	$114.10	$136.43	$132.26	$137.47
Patient—(net cost per patient)	$379.08	$443.13	$1,018.00	$1,185.66	$1,217.61	$1,181.09	$1,263.28	$1,309.63	$1,512.58

FIGURE E-12

METROPOLITAN STATE HOSPITAL

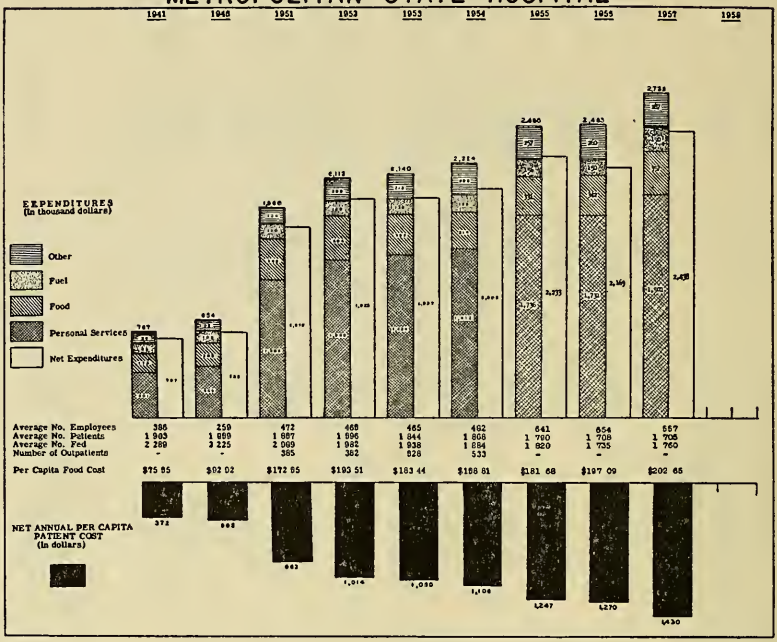


FIGURE E-13

MONSON STATE HOSPITAL

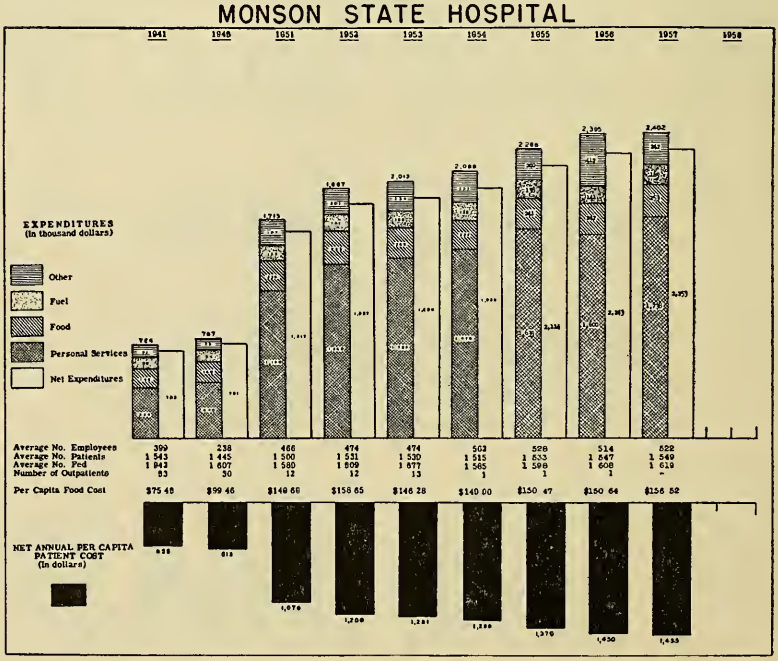


TABLE E-12

Massachusetts Department of Mental Health
Metropolitan State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

	1941	1946	1951	1952	1953	1954	1955	1956	1957
Expenditures									
Personal Services	$401,244.28	$448,529.78	$1,203,113.37	$1,390,257.42	$1,433,635.00	$1,471,435.00	$1,735,682.46	$1,730,570.46	$1,901,206.52
Food	173,173.92	204,744.18	362,808.08	383,527.84	355,507.16	314,261.16	330,658.33	341,953.43	356,664.17
Fuel	84,561.23	107,975.73	130,368.64	129,453.74	137,828.90	154,996.20	156,395.48	149,841.45	189,954.59
Other	97,550.94	92,677.91	154,269.42	209,021.00	213,193.94	283,363.01	257,024.02	260,495.87	287,522.28
Total Expenditures	$756,530.37	$853,927.60	$1,850,559.51	$2,112,260.00	$2,140,165.00	$2,224,055.37	$2,479,760.29	$2,482,861.21	$2,735,347.56
Less Receipts	49,051.05	92,240.57	172,598.08	189,051.39	203,444.36	221,132.39	247,030.04	314,331.35	297,578.72
Net Expenditures	$707,479.32	$761,687.03	$1,677,961.43	$1,923,208.61	$1,936,720.64	$2,002,922.98	$2,232,730.25	$2,168,529.86	$2,437,768.84
Population									
Average No. Employees	386	259	472	466	465	492	541	554	557
Average No. Patients	1,903	1,989	1,967	1,896	1,844	1,808	1,790	1,708	1,705
Average No. Fed	2,289	2,225	2,099	1,982	1,938	1,884	1,820	1,735	1,760
Outpatient Visits	..	..	385	382	628	533	..	..	..
Per Capita Cost									
Food—(cost per person fed)	$75.65	$92.02	$172.85	$193.51	$183.44	$166.81	$181.68	$197.09	$202.65
Patient—(net cost per patient)	$371.80	$382.72	$853.06	$1,014.35	$1,050.28	$1,107.81	$1,247.34	$1,269.63	$1,429.78

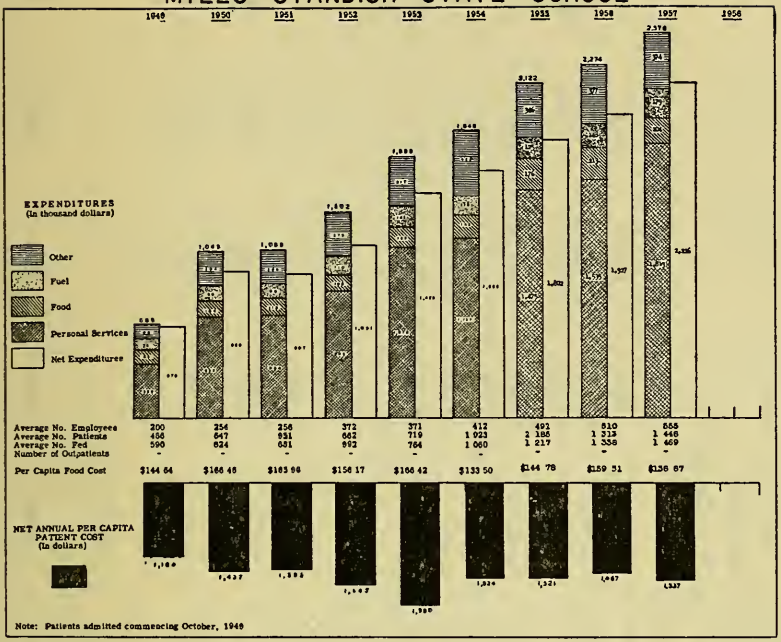
TABLE E-13

Massachusetts Department of Mental Health
Monson State Hospital (Epileptics)
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$395,910.12	$439,779.52	$1,157,674.69	$1,360,246.26	$1,398,293.85	$1,475,484.00	$1,639,345.00	$1,600,334.29	$1,738,208.17
Food	146,531.36	159,833.28	236,514.85	255,261.76	245,304.99	221,900.58	240,450.48	242,221.93	253,407.37
Fuel	90,041.22	94,104.18	131,663.56	140,640.12	135,826.00	134,800.79	137,642.71	141,381.77	169,041.78
Other	91,805.37	73,713.51	187,054.36	201,246.68	233,431.91	253,440.13	240,367.64	411,535.20	241,778.40
Total Expenditures	$724,288.07	$767,430.49	$1,712,907.46	$1,957,394.82	$2,012,856.75	$2,085,625.50	$2,257,805.83	$2,395,473.19	$2,402,435.72
Less Receipts	22,004.76	25,980.20	96,100.17	120,407.65	128,801.07	132,277.02	143,782.74	151,986.94	149,117.28
Net Expenditures	$702,283.31	$741,450.29	$1,616,807.29	$1,836,987.17	$1,884,055.68	$1,953,348.48	$2,114,023.09	$2,243,486.25	$2,253,318.44
Population									
Average No. Employees	399	238	468	474	474	502	528	514	522
Average No. Patients	1,543	1,445	1,500	1,531	1,530	1,515	1,533	1,547	1,549
Average No. Fed	1,942	1,607	1,580	1,609	1,677	1,585	1,598	1,608	1,619
Outpatient Visits	63	30	12	12	13	1	1	1	..
Per Capita Cost									
Food—(cost per person fed)	$75.46	$99.46	$149.69	$158.65	$146.28	$140.00	$150.47	$150.64	$156.52
Patient—(net cost per patient)	$455.00	$513.24	$1,077.87	$1,199.86	$1,231.41	$1,289.34	$1,379.01	$1,450.22	$1,454.69

FIGURE E-14

MYLES STANDISH STATE SCHOOL



Note: Patients admitted commencing October, 1949

FIGURE E-15

NORTHAMPTON STATE HOSPITAL

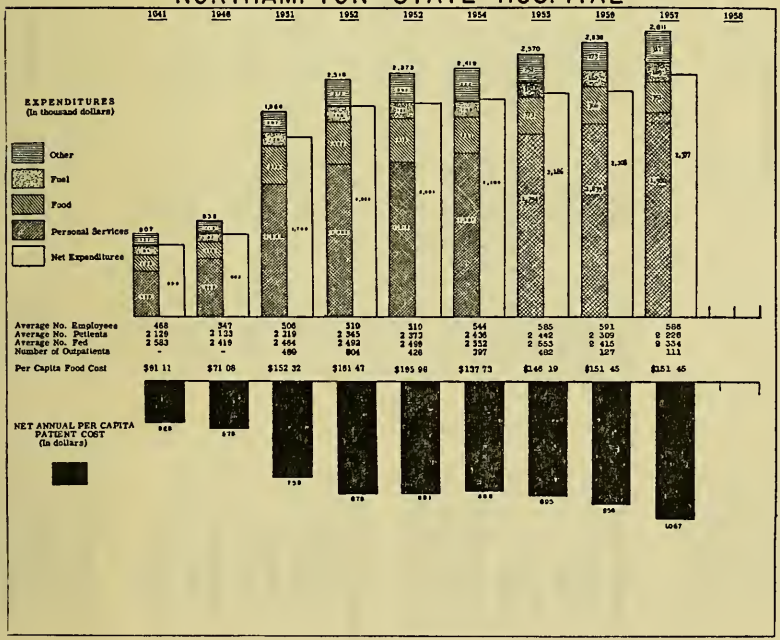


TABLE E-14

Massachusetts Department of Mental Health
Myles Standish State School
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1948 to 1957

Expenditures	1948	1950	1951	1952	1953	1954	1955	1956	1957
Personal Services	$339,102.45	$ 637,855.20	$ 650,180.32	$ 805,295.00	$1,077,818.21	$1,167,265.74	$1,474,903.96	$1,535,230.84	$1,818,825.67
Food	85,335.92	103,869.87	112,974.39	108,226.05	127,145.25	141,505.75	176,191.80	213,151.88	203,999.60
Fuel	75,968.29	99,113.33	95,670.09	109,790.41	136,815.63	116,310.44	124,733.82	148,489.93	179,000.00
Other	87,550.96	204,415.78	206,455.82	278,515.53	317,308.49	423,327.04	346,557.71	377,499.72	374,214.84
Total Expenditures	$587,957.62	$1,045,254.18	$1,065,280.62	$1,301,826.99	$1,659,087.58	$1,848,408.97	$2,122,387.29	$2,274,372.37	$2,576,040.11
Less Receipts	12,435.19	121,806.00	158,373.73	211,247.54	235,815.57	289,197.14	320,023.70	347,545.83	349,581.44
Net Expenditures	$575,522.43	$ 923,448.18	$ 906,906.89	$1,090,579.45	$1,423,272.01	$1,559,211.83	$1,802,363.59	$1,926,826.54	$2,226,458.67
Population									
Average No. Employees	200	256	256	272	371	412	491	510	555
Average No. Patients	486	647	651	662	719	1,023	1,185	1,313	1,448
Average No. Fed	590	624	681	693	764	1,060	1,217	1,338	1,469
Outpatient Visits	..	..	..	..	..	..	..	..	..
Per Capita Cost									
Food—(cost per person fed)	$144.64	$166.46	$165.89	$156.17	$166.42	$133.50	$144.78	$159.31	$138.87
Patient—(net cost per patient)	$1,184.04	$1,427.28	$1,393.10	$1,647.40	$1,979.52	$1,524.16	$1,520.98	$1,467.50	$1,537.61

TABLE E-15

Massachusetts Department of Mental Health
Northampton State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

	1941	1946	1951	1952	1953	1954	1955	1956	1957
Expenditures									
Personal Services	$438,373.70	$558,603.71	$1,288,204.40	$1,497,294.79	$1,511,901.85	$1,596,989.89	$1,793,571.49	$1,835,070.00	$1,980,078.38
Food	157,861.28	171,869.01	375,311.83	402,555.64	414,618.10	351,497.67	373,216.44	365,761.00	351,147.59
Fuel	83,605.70	86,670.80	124,292.42	143,720.54	151,077.65	148,997.76	150,916.04	161,965.00	168,939.95
Other	126,988.24	114,780.86	206,497.22	272,229.74	295,436.43	321,696.08	252,420.70	273,190.38	310,955.49
Total Expenditures	$806,828.92	$931,924.38	$1,994,305.87	$2,315,800.71	$2,373,034.03	$2,419,181.40	$2,570,124.67	$2,635,986.38	$2,811,121.41
Less Receipts	108,400.79	129,944.67	235,629.02	263,420.42	281,946.43	310,350.31	383,806.39	427,561.60	433,959.13
Net Expenditures	$698,428.13	$801,979.71	$1,758,676.85	$2,052,380.29	$2,091,087.60	$2,108,831.09	$2,186,318.28	$2,208,424.78	$2,377,162.28
Population									
Average No. Employees	468	347	506	510	510	544	585	591	586
Average No. Patients	2,128	2,133	2,319	2,345	2,373	2,436	2,442	2,309	2,228
Average No. Fed	2,583	2,418	2,464	2,493	2,498	2,552	2,553	2,415	2,334
Outpatient Visits	..	..	480	504	426	397	483	127	111
Per Capita Cost									
Food—(cost per person fed)	$61.11	$71.08	$152.32	$161.47	$165.98	$137.73	$146.19	$151.45	$150.45
Patient—(net cost per patient)	$328.12	$375.99	$758.38	$875.22	$881.20	$865.69	$895.30	$956.44	$1,066.95

FIGURE E-16

TAUNTON STATE HOSPITAL

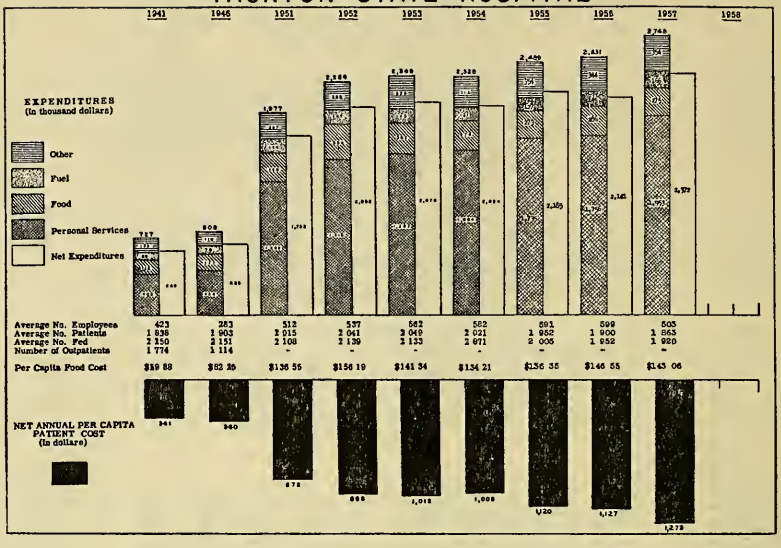


FIGURE E-17

WESTBOROUGH STATE HOSPITAL

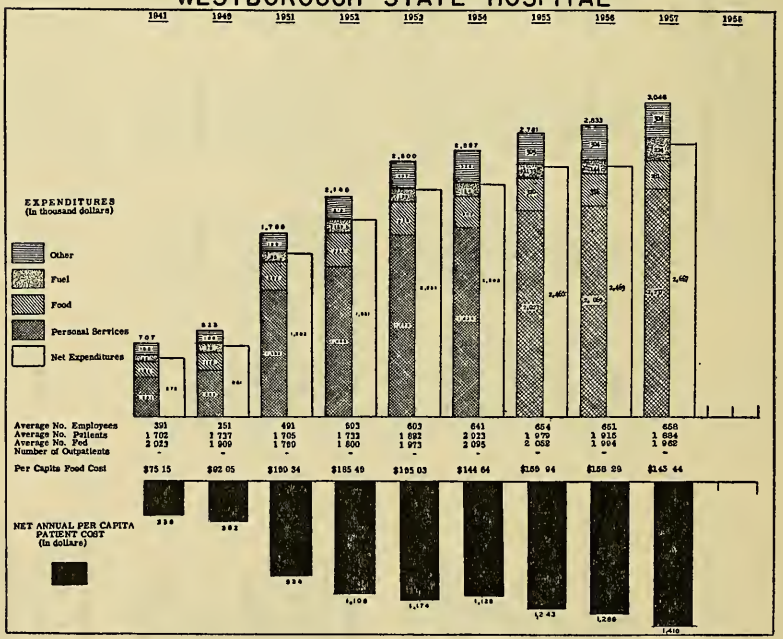


TABLE E-16

Massachusetts Department of Mental Health
Taunton State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$399,705.23	$434,454.48	$1,297,548.58	$1,515,401.09	$1,582,212.38	$1,604,519.78	$1,735,245.00	$1,756,207.18	$1,953,308.94
Food	134,746.18	176,940.15	287,855.43	334,075.75	301,478.60	277,947.35	273,376.33	286,067.82	274,682.49
Fuel	69,520.88	77,627.89	133,941.20	146,490.00	140,425.21	130,849.35	126,544.62	145,276.66	165,531.80
Other	122,985.01	119,481.06	257,395.42	288,164.89	324,736.59	311,585.91	354,280.72	343,912.55	354,388.28
Total Expenditures	$726,957.30	$808,503.58	$1,976,740.63	$2,284,131.73	$2,348,852.78	$2,324,902.39	$2,489,446.67	$2,531,464.21	$2,747,911.51
Less Receipts	100,482.94	123,971.54	219,134.29	252,305.26	275,193.98	290,874.20	303,950.98	390,631.19	375,815.01
Net Expenditures	$626,474.36	$684,532.04	$1,757,606.34	$2,031,826.47	$2,073,658.80	$2,034,028.19	$2,185,495.69	$2,140,833.02	$2,372,096.50
Population									
Average No. Employees	423	283	512	537	562	582	591	599	603
Average No. Patients	1,838	1,903	2,015	2,041	2,049	2,021	1,952	1,900	1,863
Average No. Fed	2,250	2,151	2,108	2,139	2,133	2,071	2,005	1,952	1,920
Outpatient Visits	1,774	1,114	..	..	..	..	..	..	..
Per Capita Cost									
Food—(cost per person fed)	$59.88	$82.26	$136.55	$156.18	$141.34	$134.21	$136.35	$146.55	$143.06
Patient—(net cost per patient)	$340.60	$359.84	$872.26	$995.51	$1,012.03	$1,006.45	$1,119.62	$1,126.75	$1,273.27

TABLE E-17

Massachusetts Department of Mental Health
Westborough State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$381,381.37	$463,389.96	$1,231,539.54	$1,467,971.41	$1,772,501.88	$1,834,023.53	$2,022,744.70	$2,068,878.90	$2,236,615.55
Food	152,031.33	175,718.48	282,199.41	333,866.15	325,595.17	303,030.84	319,957.75	315,605.68	281,431.70
Fuel	64,518.96	78,427.15	95,434.92	124,583.10	135,521.58	133,973.33	132,674.12	144,857.80	223,935.01
Other	108,800.30	106,248.05	179,729.26	213,500.56	266,594.92	325,520.70	305,282.29	303,828.37	304,242.48
Total Expenditures	$706,731.96	$823,783.64	$1,788,903.13	$2,139,921.22	$2,500,213.55	$2,596,548.40	$2,780,658.86	$2,833,170.75	$3,046,224.74
Less Receipts	134,308.28	142,981.38	196,738.77	219,243.15	278,747.97	313,768.12	320,254.57	363,856.35	378,807.05
Net Expenditures	$572,423.68	$680,802.26	$1,592,164.36	$1,920,678.07	$2,221,465.58	$2,282,780.28	$2,460,404.29	$2,469,314.40	$2,667,417.69
Population									
Average No. Employees	391	251	491	503	603	641	654	661	658
Average No. Patients	1,702	1,737	1,705	1,733	1,892	2,023	1,979	1,916	1,884
Average No. Fed	2,023	1,909	1,760	1,800	1,973	2,095	2,052	1,994	1,962
Outpatient Visits	..	..	..	..	..	..	..	..	..
Per Capita Cost									
Food—(cost per person fed)	$75.15	$92.05	$160.34	$185.48	$165.03	$144.64	$155.92	$158.28	$143.44
Patient—(net cost per patient)	$336.44	$392.08	$933.82	$1,108.30	$1,174.14	$1,128.41	$1,243.26	$1,288.79	$1,415.83

FIGURE E-18

WORCESTER STATE HOSPITAL

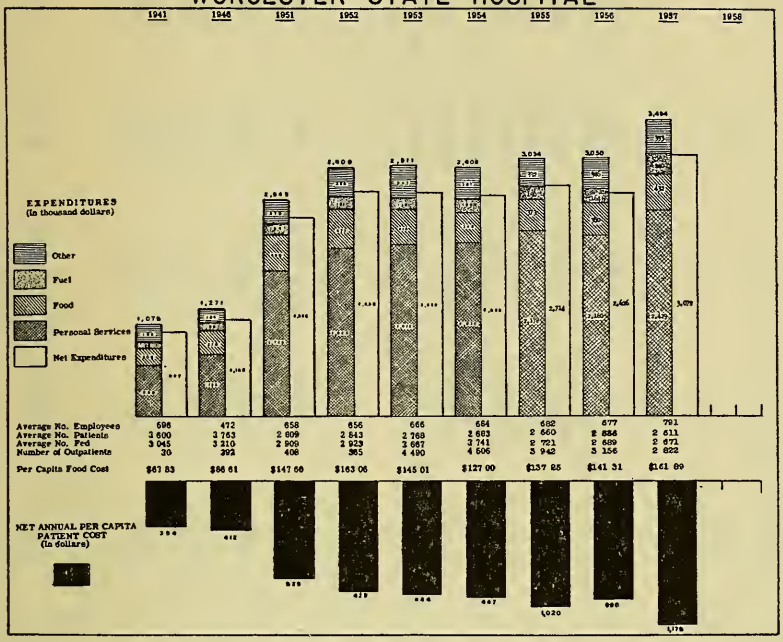


FIGURE E-19

WRENTHAM STATE SCHOOL

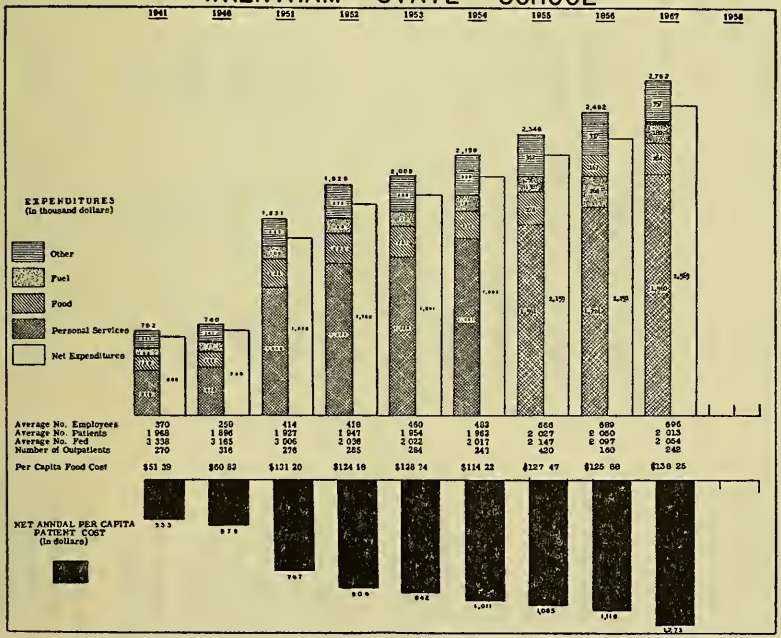


TABLE E-18

Massachusetts Department of Mental Health
Worcester State Hospital
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$ 598,575.14	$ 733,528.21	$1,703,005.95	$1,954,808.31	$2,011,781.75	$2,019,597.82	$2,178,281.12	$2,159,631.33	$2,428,669.02
Food	206,548.38	278,019.99	429,551.05	476,622.62	415,751.64	348,117.24	373,458.30	379,994.98	432,405.65
Fuel	86,114.98	95,947.06	133,591.19	151,519.08	136,311.75	150,488.55	150,293.85	164,499.67	239,991.00
Other	185,109.68	163,828.55	278,364.19	326,315.21	347,453.16	387,089.10	331,938.27	346,016.09	392,591.92
Total Expenditures	$1,076,348.18	$1,271,323.81	$2,544,512.38	$2,909,265.22	$2,911,298.30	$2,905,292.71	$3,033,971.54	$3,050,142.07	$3,493,657.59
Less Receipts	79,034.28	132,888.82	218,884.80	269,992.94	276,112.31	310,347.30	319,937.02	424,135.82	421,842.93
Net Expenditures	$ 997,313.90	$1,138,434.99	$2,325,627.58	$2,639,272.28	$2,635,185.99	$2,594,945.41	$2,714,034.52	$2,626,006.25	$3,071,814.66
Population									
Average No. Employees	596	472	658	656	666	684	682	677	791
Average No. Patients	2,600	2,763	2,809	2,843	2,788	2,683	2,660	2,636	2,611
Average No. Fed	3,045	3,210	2,909	2,923	2,867	2,741	2,721	2,689	2,671
Outpatient Visits	20	392	408	365	4,490	4,506	3,942	3,156	2,822
Per Capita Cost									
Food—(cost per person fed)	$67.83	$86.61	$147.66	$163.06	$145.01	$127.00	$137.25	$141.31	$161.89
Patient—(net cost per patient)	$383.76	$412.03	$827.92	$928.34	$945.19	$967.18	$1,020.31	$996.21	$1,176.49

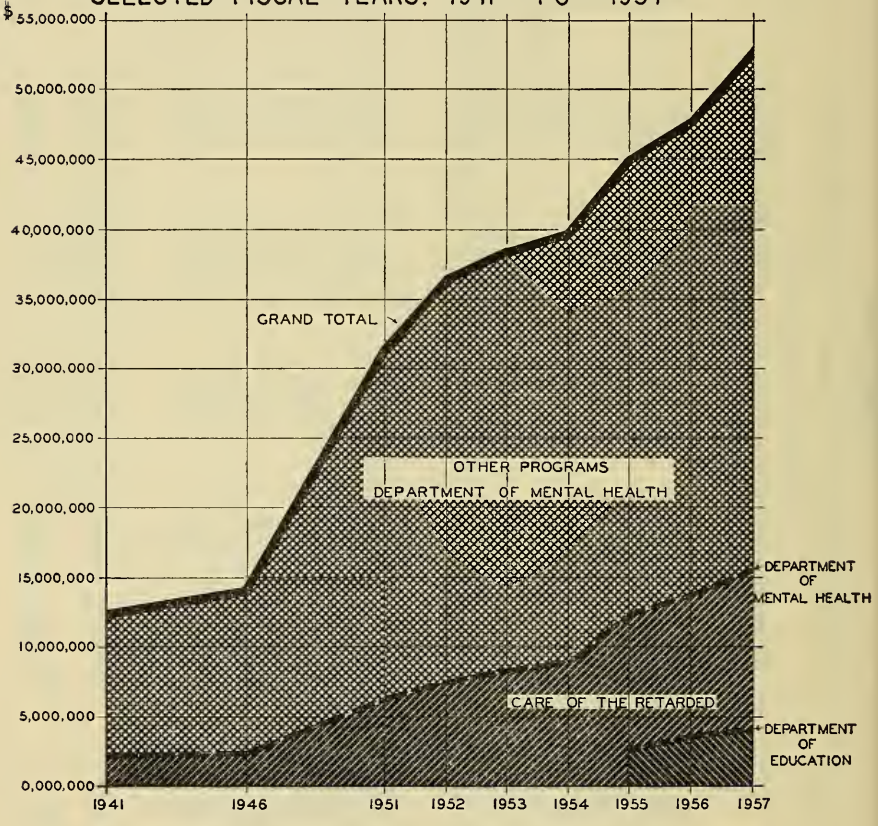
TABLE E-19

Massachusetts Department of Mental Health
Wrentham State School
Expenditures, Population and Per Capita Costs
Selected Fiscal Years, 1941 to 1957

Expenditures	1941	1946	1951	1952	1953	1954	1955	1956	1957
Personal Services	$373,308.28	$409,953.23	$1,059,003.11	$1,271,139.47	$1,325,932.01	$1,460,945.10	$1,591,344.40	$1,723,826.25	$1,960,164.71
Food	120,150.43	131,681.32	243,135.27	252,840.00	260,314.40	230,379.10	273,687.89	263,978.50	283,961.30
Fuel	61,719.97	77,676.69	105,883.62	129,330.98	120,264.54	129,558.25	138,247.45	166,747.26	180,124.33
Other	147,171.02	140,744.46	222,890.02	271,516.65	296,126.10	337,573.95	342,256.77	337,388.24	357,450.36
Total Expenditures	$702,349.70	$760,055.70	$1,630,912.02	$1,924,827.10	$2,002,637.05	$2,158,456.40	$2,345,536.51	$2,491,940.25	$2,781,700.70
Less Receipts	47,194.64	51,155.82	153,333.36	164,372.67	161,261.75	175,234.29	186,429.38	200,258.19	218,698.89
Net Expenditures	$655,155.06	$708,899.88	$1,477,578.66	$1,760,454.43	$1,841,375.30	$1,983,222.11	$2,159,107.13	$2,291,682.06	$2,563,001.81
Population									
Average No. Employees	370	259	414	418	460	492	566	589	596
Average No. Patients	1,968	1,896	1,927	1,947	1,954	1,962	2,027	2,050	2,013
Average No. Fed	2,338	2,165	2,006	2,036	2,022	2,017	2,147	2,097	2,054
Outpatient Visits	270	316	276	285	294	247	420	160	242
Per Capita Cost									
Food—(cost per person fed)	$51.39	$60.82	$121.20	$124.18	$128.74	$114.22	$127.47	$125.88	$138.25
Patient—(net cost per patient)	$332.80	$373.88	$766.78	$904.19	$942.36	$1,010.82	$1,065.17	$1,117.89	$1,273.22

Figure E-20

MASSACHUSETTS DEPARTMENTS OF MENTAL HEALTH AND EDUCATION, TOTAL OPERATING EXPENDITURES FOR CARE OF THE MENTALLY RETARDED AND FOR ALL OTHER PROGRAMS OF THE DEPARTMENT OF MENTAL HEALTH, SELECTED FISCAL YEARS, 1941 TO 1957*



* EXCLUSIVE OF OUTLAY EXPENDITURES

TABLE E-20

*Massachusetts Departments of Mental Health and Education, Total Operating Expenditures for Care of the Mentally Retarded and for All Other Programs of the Department of Mental Health, Selected Fiscal Years, 1941 to 1957**

Year	Care of the Retarded		Total for Retarded	Other Programs, Department of Mental Health	Grand Total All Expenditures
	Department of Mental Health	Department of Education (State and Local)			
1941	$2,107,772.97	..	$2,107,772.97	$10,120,755.07	$12,228,528.04
1946	2,390,378.73	..	2,390,378.73	11,485,807.62	13,876,186.35
1951	6,200,547.86	..	6,200,547.86	24,971,982.91	31,172,530.77
1952	7,333,181.95	..	7,333,181.95	28,896,739.50	36,229,921.45
1953	8,107,974.57	..	8,107,974.57	30,226,352.41	38,334,326.98
1954	8,814,910.44	..	8,814,910.44	30,500,906.22	39,315,816.66
1955	9,754,586.82	$2,422,902.28	12,177,489.10	32,768,844.54	44,946,333.64
1956	10,182,208.14	3,397,051.82	13,579,259.96	33,900,785.62	47,480,045.58
1957	11,402,032.30	3,970,347.46	15,372,379.76	37,364,821.05	52,737,200.81

* Exclusive of outlay expenditures.

TABLE E-21

Massachusetts Department of Mental Health
Cushing Hospital (Aged)
*Expenditures, Population, and Per Capita Costs**
Fiscal Years, 1955 to 1957

Expenditures	1955	1956	1957
Personal Services	$46,392.97	$108,393.58	$116,058.93
Food	..	..	..
Fuel	7,867.31	7,481.89	13,956.39
Other	6,888.46	24,153.61	6,096.35
Total Expenditures	$61,148.74	$140,029.08	$136,111.67
Less Receipts	1,228.48	3,926.80	3,200.53
Net Expenditures	$59,920.26	$136,102.28	$132,911.14
Population			
Average No. Employees	36	34	39
Average No. Patients	..	..	..
Average No. Fed	..	..	..
Outpatient Visits	..	..	..
Per Capita Cost			
Food—(cost per person fed)	..	..	..
Patient—(net cost per patient)	..	..	..

* Opened to patients during fiscal year 1958.

APPENDIX F

Proposed Five-Year Capital Improvement Program for the Massachusetts Department of Mental Health

The major capital needs of the Massachusetts Department of Mental Health for the next five years are described in the "Fifth Annual Report of the Division of Building Construction to the Budget Commissioner. . . ." The Superintendent of Building Construction analyzed the requests of all state agencies, and prepared a recommended list of projects, suggested priorities and cost estimates, after personal inspection and consultation with the departments concerned. Recommended outlays for the Department of Mental Health are listed in this appendix.

In presenting his recommendations to the Budget Commissioner, the Superintendent of Building Construction stated:

> Much has been accomplished in recent years to reduce overcrowding in institutions caring for the mentally afflicted by construction of additional facilities, particularly admission-treatment buildings, and by improved techniques of treatment. Consequently there is a substantial reduction over previous years in the amount recommended for additional bed capacity for such patients. There should, however, be a progressive program of renovation or replacement of obsolete facilities in the mental hospitals. It also appears that there will be a continuing need for increasing bed capacity in the four schools for the feeble minded and in institutions for the aging.[1]

[1] Commonwealth of Massachusetts, Division of Building Construction, "Fifth Annual Report of the Division of Building Construction to the Budget Commissioner Recommending a Long Range Program of Capital Improvements for the Fiscal Years 1959 through 1963," October 30, 1957, p. 7.

TABLE F

Five Year Capital Improvement Program for the Department of Mental Health
As Recommended by the Division of Building Construction
*Fiscal Years 1959 to 1963**

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Massachusetts Mental Health Center, Boston	Convert boilers to oil			20			20
	Enclose and heat the East wing open porch				12		12
	Renovation of plumbing and other related improvements					60	60
	Acquire and renovate three houses, including furnishings and equipment					90	90
Sub-Total			—	20	12	150	182
Boston State Hospital	Heating improvements	27 (A)	170				170
	Outpatient department building, including furnishings and equipment, to be in addition to item 8258-48, Chapter 763 of 1957 (w)	31 (A)	340				340

Service building, West side, including furnishings and equipment	33 (A)	50 (plans)	958		1,008
Occupational therapy and industrial building, East side, including furnishings and equipment	73 (B)	15 (plans)	220		235
Elevator—laundry building	75 (B)	26			26
Renovate plumbing and other related improvements	81 (B)	140	60	60	260
Improvements to power plant and utilities	99 (C)	165			165
Reconstruction of chapel, East group, including furnishings and equipment	151 (C)	100			100
Replace underground cables			40		40
Platform and lift, H building			35		35
Three staff cottages, including furnishings and equipment			36		36
Replace elevators, buildings B and H				85	85
Construction of tunnels, West group				250	250

(A) Necessary for continuation of existing facilities and present programs
(B) Necessary for expansion of programs
(C) Desirable for expansion of programs
(w) Working drawings in process
(p) Preliminary plans in process

* Source: Commonwealth of Massachusetts, Division of Building Construction, "Fifth Annual Report of the Division of Building Construction to the Budget Commissioner Recommending a Long Range Program of Capital Improvement for the Fiscal Years 1959 through 1963," October 30, 1957, Tables I and II.

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Boston State Hospital (Continued)	Assembly building and chapel, West group, including furnishings and equipment				30 (plans)	600	630
	Additional renovations, East cafeteria, including furnishings and equipment and an elevator, to be added to item 8256-43, Chapter 738 of 1955					145	145
	Recovery building, including furnishings and equipment					82 (plans)	82
	Remodel cafeteria building, West group, for occupational therapy and industries, including furnishings and equipment					130	130
	Improve tunnels, East group					150	150
	Enclose G building porch, including furnishings and equipment					40	40
	Renovate P building, including furnishings and equipment					100	100
	Provide laundry room for patients, including equipment					15	15
Sub-Total			1,006	1,349	425	1,262	4,042

Danvers State Hospital	Fire protection of rear center and chapel and other related improvements	34 (A)	725				725
	Improvements to heating and additional steam distribution	89 (B)	90				90
	Admission-treatment building, 150 beds, including furnishings and equipment	90 (B)	2,520				2,520
	Fire protection, renovations to plumbing and heating and other improvements and plans for similar work to follow			527	500	1,000	2,027
	Tunnel, nurses' home to medical-surgical building			30			30
	Dairy bar renovations, including equipment			35			35
	Renovations to kitchen, including equipment			45			45
	Construct new piggery building				74		74
	Install water main				30		30
	Improve tunnel, B building to Gray Gables				50		50
	Two houses for physicians, including furnishings and equipment					45	45

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Danvers State Hospital (Continued)	Addition to service building, including equipment and elevator					180	180
Sub-Total			3,335	637	654	1,225	5,851
Foxborough State Hospital	Improvements to power plant and utility distribution, to be in addition to item 8258-52, Chapter 763 of 1957 (p)	71 (B)	150				150
	Elevator, O building	141 (C)	40				40
	Building alterations and day space improvements, including plumbing	157 (C)	100	220		95	415
	Incinerator				20		20
	Remodel and build addition to gymnasium, including furnishings and equipment					45	45
Sub-Total			290	220	20	140	670
Gardner State Hospital	Renovation and an addition to service building, including furnishings and equipment	112 (C)	290				290

	Additional renovations to plumbing and other related improvements	117 (C)	66	75	80	80	301
	Steam supply line			30			30
	Improvements to water supply and distribution, to be in addition to item 8258-53, Chapter 763 of 1957			75			75
	Female infirmary, 100 beds, including furnishings and equipment				50 (plans)	850	900
	Male infirmary, 100 beds, including furnishings and equipment					50 (plans)	50
	Employees' building, including furnishings and equipment					40 (plans)	40
	Additions to sewage disposal plant					90	90
Sub-Total			356	180	130	1,110	1,776
Grafton State Hospital	Replace steam lines and heating units, to be added to item 1715-22, Chapter 453 of 1954, and item 8256-57, Chapter 738 of 1955 (p)	28 (A)	75				75
	New storehouse and renovations to the present storage areas, including furnishings and equipment, to be added to item 8258-56, Chapter 763 of 1957 (w)	52 (B)	569				569

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Grafton State Hospital (Continued)	Renovation to Oaks cafeteria, including furnishings and equipment	70 (B)	75				75
	Renovation of plumbing, heating, wiring and other related improvements	123 (C)	100	100	100	200	500
	Repairs to cow barn and dairy	140 (C)	95				95
	Sewage disposal improvements			120			120
	Renovation to Pines cafeteria, including furnishings and equipment				95		95
	Laundry building and equipment				32 (plans)	470	502
	Remodel nurses' homes, Willows and Pines groups, including furnishings and equipment				100		100
	Remodel Elms service building, 110 beds, including furnishings and equipment and including a tunnel					320	320
	Propagation house					30	30

	Convert old laundry to shops					75	75
Sub-Total			914	220	327	1,095	2,556
Medfield State Hospital	Service building, including furnishings and equipment	32 (A)	40 (plans)	750			790
	Hay barn (w)	46 (A)	35				35
	Additional renovations to plumbing, heating and other related improvements	125 (C)	100	90	160	280	630
	Renovation of heating systems			120		120	240
	Renovations, including fire protection and other related improvements				160	160	320
	Three physicians' homes				65		65
	Building for disturbed females, 141 beds, including furnishings and equipment				60 (plans)	1,540	1,600
	Farm machinery building					35	35
	Sewage disposal improvements					18	18
	Addition to nurses' home for married couples, 40 beds, including furnishings and equipment					21 (plans)	21
Sub-Total			175	960	445	2,174	3,754

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Metropolitan State Hospital	Power plant improvements, to be added to item 8157-46, Chapter 711 of 1956	2 (A)	265				265
	Improvements to ventilation of psychotic children's building, to be added to item 8258-59, Chapter 763 of 1957	104 (C)	30				30
	Repairs to continued treatment group, female side				200		200
	Addition to clinical laboratory and morgue, including furnishings and equipment				60		60
	Renovation to main kitchen and dining room, including furnishings and equipment					150	150
	Enlarge employees' building, including furnishings and equipment					50 (plans)	50
	Conversion of two boilers to oil					55	55
Sub-Total			295	—	260	255	810

Northampton State Hospital	Improvements to power plant, electrical distribution and fire alarm systems, to be added to item 8256-69, Chapter 738 of 1955	19 (A)	350				350
	Repairs to entrance of administration building	44 (A)	30				30
	Additional fire protection, renovation of plumbing and other related improvements, to be added to item 8157-47, Chapter 711 of 1956	61 (B)	35 (plans)	450			485
	Renovation of C building and other related improvements	118 (C)	50				50
	Remodel and renovate administration building, including furnishings and equipment			125			125
	Addition to memorial cafeteria, including furnishings and equipment				360		360
	Occupational therapy and industrial building, including furnishings and equipment					35 (plans)	35
	Maintenance storage building, including furnishings and equipment					48	48
	Addition to laundry, including equipment					280	280

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Northampton State Hospital (Continued)	Ward building, 150 beds, including furnishings and equipment					60 (plans)	60
Sub-Total			465	575	360	423	1,823
Taunton State Hospital	Building replacements, main group, including furnishings and equipment (p)	30 (A)	100 (plans)	1,522	700	1,230	3,552
	Renovations to kitchen and elevator, including equipment, to be added to item 8256-71, Chapter 738 of 1955 (p)	101 (C)	425				425
	Serving room and plumbing renovations, West extension and Lovering Colony, including equipment	124 (C)	20				20
	Improve power house and utility distribution			290			290
	Improve dairy group, Borden Colony			270			270
	Occupational therapy building, including furnishings and equipment				40 (plans)	600	640

	Incinerator				24		24
	Remodel laundry and old occupational therapy building					250	250
	Male infirmary, 300 beds, including furnishings and equipment					150 (plans)	150
Sub-Total			545	2,082	764	2,230	5,621
Westborough State Hospital	Additional fire protection improvements, renovations of plumbing and other related improvements and the preparation of plans for similar work to follow, to be added to item 8255-40, Chapter 471 of 1954	62 (B)	233	200	357	450	1,240
	Sprinkler systems for basements, attics and clothing rooms	65 (B)	70				70
	Water supply line	102 (C)	94				94
	Improve power plant and utility distribution	103 (C)	16 (plans)	300			316
	Heating renovations and other related improvements	130 (C)	100				100
	Improve electrical distribution	136 (C)	10 (plans)	150			160
	Additional plumbing renovations and other related improvements, to be added to item 8256-74, Chapter 738 of 1955			75	65		140

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Westborough State Hospital (Continued)	Laboratory, operating room, morgue and equipment			275			275
	Employees' building, 105 beds, including furnishings and equipment				50 (plans)	819	869
	Connecting tunnels				65		65
	Bakery addition and equipment				70		70
	Administration building, including furnishings and equipment					50 (plans)	50
	Dairy barn					140	140
	Medical and surgical building, including furnishings and equipment					80 (plans)	80
Sub-Total			523	1,000	607	1,539	3,669
Worcester State Hospital	Renovate and enlarge laundry, including equipment	36 (A)	15 (plans)	230			245
	Day spaces, fire protection, renovation of plumbing and other related improvements and for the preparation of plans for similar work to follow (p)	60 (B)	600				600

	Renovate Quimby bathing section			45			45
	Improve power plant and electrical distribution				160	100	260
	Farm garage repair shop				30		30
	Female bathing unit					140	140
	Machine and vegetable storage					40	40
	Renovate heating, Hale and Lowell homes					70	70
Sub-Total			615	275	190	350	1,430
Monson State Hospital	Sewage disposal improvements (p)	18 (A)	100				100
	Improvements to heating and ventilating systems	29 (A)	150			300	450
	Installation of an elevator and for certain renovations in the children's hospital, including furnishings and equipment (p)	38 (A)	150				150
	Additional plumbing renovations, and other related improvements	85 (B)	90		70	75	235
	Tunnel, Hodskins building to women's infirmary			40			40
	Extension of street lights			30			30
	Renovation and addition to administration building, including furnishings and equipment				200		200

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Monson State Hospital (Continued)	Addition to reception building, 30 beds, including furnishings and equipment				300		300
	School building, including furnishings and equipment					40 (plans)	40
	Building for young children, 150 beds, including furnishings and equipment					80 (plans)	80
	Improvements to power plants					250	250
	Renovations to Hodskins building basement, South side, including furnishings and equipment					50	50
Sub-Total			490	70	570	795	1,925
Belchertown State School	Improve utility distribution	40 (A)	40	340			380
	Improve refrigeration system, including equipment	41 (A)	50				50
	Improve heating and ventilating of infirmary building	89 (B)	25				25
	Improve water supply and distribution			35			35

	Addition to garage for repair shop, including furnishings and equipment			50			50
	Incinerator			22			22
	Addition to administration building, including furnishings and equipment			190			190
	Tunnels and hot water piping				120		120
	Paint shop building				40		40
	Boys' dormitory, 110 beds, including furnishings and equipment and tunnels					53 (plans)	53
	Grain-fertilizer storage building					60	60
	Girls' dormitory, 110 beds, including furnishings and equipment					50 (plans)	50
	Clinical research building, including furnishings and equipment					30 (plans)	30
Sub-Total			115	637	160	193	1,105
Walter E. Fernald State School	Templeton Colony—new dormitory group, including furnishings and equipment and sewage disposal, to be in addition to item 8356-36, Chapter 738 of the Acts of 1955 (p)	25 (A)	1,971				1,971

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Walter E. Fernald State School (Continued)	Addition to laundry building, including equipment	37 (A)	175				175
	Construct breeding pens and feed storehouse, Templeton Colony	42 (A)	50				50
	Classroom addition, Wheatley Hall, including furnishings and equipment	72 (B)	40				40
	Additional plumbing renovations and other related improvements	84 (B)	215	150	150	140	655
	Improve heating and other related improvements	88 (B)	45				45
	Improve electrical distribution, Fernald School and Templeton Colony, to be added to item 8255-54, Chapter 471 of 1954 (p)	100 (C)	140				140
	Replace boys' home and boys' dormitory, including furnishings and equipment (p)	111 (C)	550				550
	Addition to manual training building, including furnishings and equipment			250			250

	Two pre-parole cottages, including furnishings and equipment			90			90
	Infirmary building, 116 beds, including furnishings and equipment				55 (plans)	925	980
	Farm machinery garage, including furnishings and equipment, Templeton Colony				50		50
	Sprinkler systems					60	60
	Improve underground electrical distribution					100	100
	Farm dormitory, 100 beds, including furnishings and equipment					32 (plans)	32
Sub-Total			3,186	490	255	1,257	5,188
Wrentham State School	Nursery building, 100 beds, including furnishings and equipment	21 (A)	880				880
	Improvements to water supply, to be added to item 8157-56, Chapter 711 of 1956 (w)	43 (A)	95				95
	Paint shop	63 (B)	26				26
	Steam line from farm house to farm dormitory	82 (B)	30				30

Institution	Project	Priority Rating	Estimated Cost (thousands of dollars) 1959	1960	1961	1962 and 1963	Total
Wrentham State School (Continued)	Additional plumbing and heating renovations and other related improvements	83 (B)	130	140	140	300	710
	Addition to school building to provide therapeutic facilities, including furnishings and equipment, to be added to item 8256-42, Chapter 738 of 1955 (w)	114 (C)	250				250
	Addition to administration building, including furnishings and equipment	148 (C)	12 (plans)	180			192
	Sewage disposal improvements, to be added to item 8254-23, Chapter 660 of 1953			240			240
	Tractor garage			20			20
	Farm dormitory, 100 beds, including furnishings and equipment				35 (plans)	600	635
	Addition to clinical building, 20 beds, including furnishings and equipment				12 (plans)	180	192
Sub-Total			1,423	580	187	1,080	3,270

Myles Standish State School	Surface drainage and sidewalks	144 (C)	110				110
	School building and gymnasium, including furnishings and equipment					40 (plans)	40
	Clinical laboratory building, including furnishings and equipment					280	280
	Improve power plant					140	140
Sub-Total			110	—	—	460	570
Cushing Hospital	Additional renovation and repair, including furnishings and equipment, to be added to item 8258-69, Chapter 763 of 1957 (w)	11 (A)	1,562	1,123	1,575	—	4,260
GRAND TOTAL			15,405	10,418	6,941	15,738	48,502

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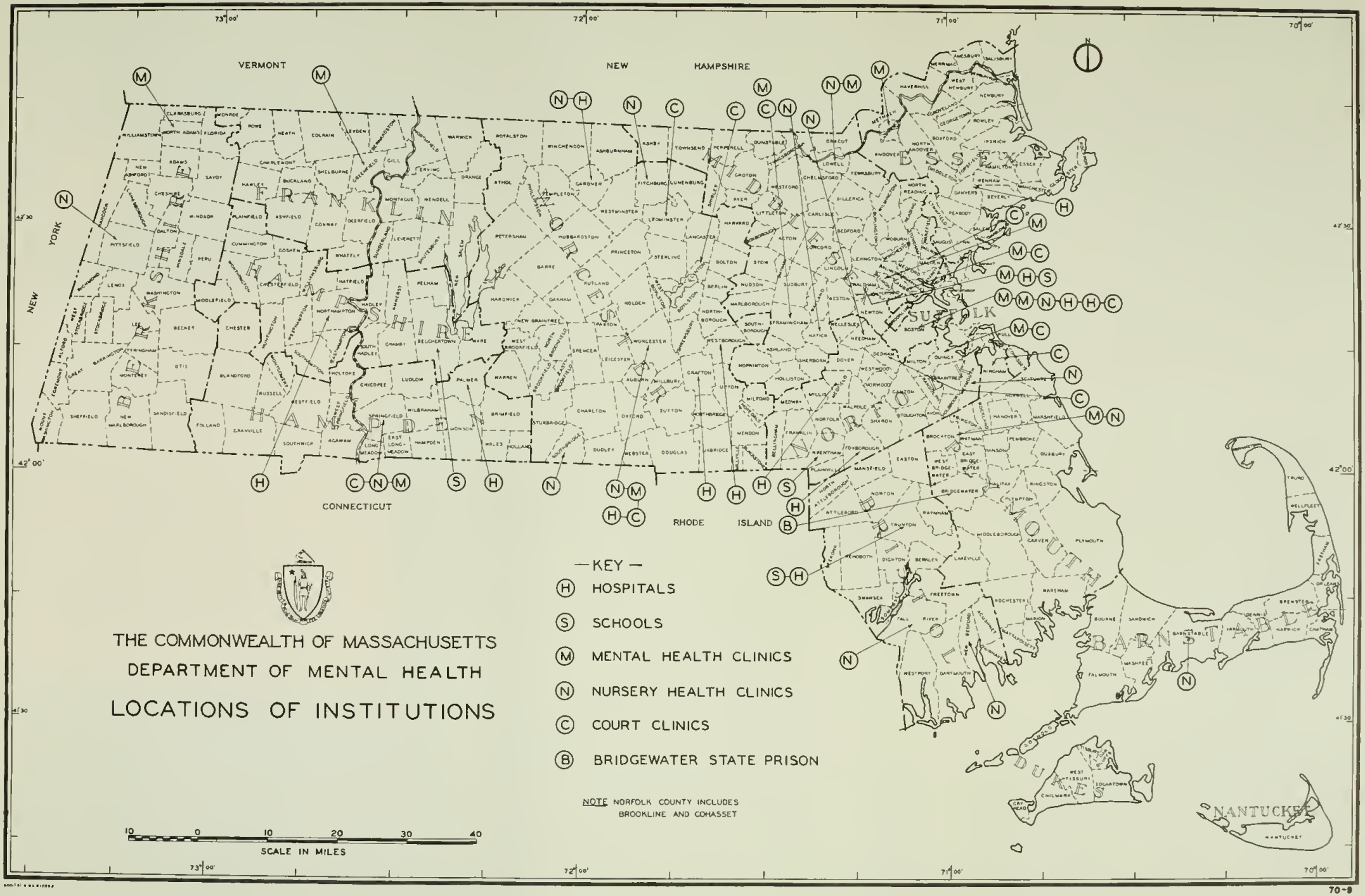
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